

New York Medical Times

VOL. XXIV.

NEW YORK, OCTOBER, 1896.

No. 10.

ORIGINAL ARTICLES.

DOCTORS OF OTHER DAYS.

BY JAMES ROBIE WOOD, M.D., NEW YORK.

UPON my office wall there hangs an old parchment—the medical diploma conferred upon my father by Harvard College in 1829.

A glance over the distinguished names written thereon awakens many strange memories. There is hardly one among those whose signatures adorn that old diploma who has not made a marked impression upon this century, either for good or evil.

He who leads the list has left a pleasant sunshine behind him; yet but very few among the millions who have felt its genial warmth ever knew from whence that sunshine came. Next below is written the name of one who cheerfully sacrificed the rest of an easy grave in order to overcome a stupid prejudice which had for ages retarded the progress of medicine and surgery. The third whose name is transcribed there was the Professor of Legal Medicine—Walter Channing—of whom I know but little. The fourth was a sterling representative of the medical profession—one well fitted to guide young physicians; for he, more earnestly than any other teacher of his day, warned his students against the folly and danger of being mere prescribers of drugs. The last person who signed that old parchment made two continents shudder with horror a half century ago. Often as I have looked upon his signature, memory has caused the ghostly presence of his crime to appear.

One other name, the most important in giving the sanction of Harvard College to the young aspirant to go forth upon his chosen career, need be only mentioned, as most Americans know of him and his father; both bore the same baptismal name—Josiah.

Josiah Quincy had just been promoted to the Presidency of Harvard College in that year, 1829, so his signature upon this old diploma was among the first ever written by him as President of that institution.

Returning once more to the faculty of the medical branch of the college let me first consider that dear old man—Dr. James Jackson, Professor of Theory and Practice, whose name heads the list. I well remember him in extreme age, one winter's day, warmly clad, quietly plodding along the streets of Boston; a fur cap covered his fine old brow and thick woolen socks were drawn over the bottoms of his trousers to encourage the lagging blood to warm those feet which had spent so many useful years in carrying that noble physician to many thousand bedsides, where

he always left a benediction of knowledge, kindness and zeal. His modesty forbade bitter personality in the contest of his own and Morton's friends, who were warmly urging the priority of their respective candidates in the use of ether. When it was proposed to erect a monument to the one who first used the great anæsthetic in medicine and surgery, a wag suggested that the difficulty be settled by inscribing on the marble—"To either."

Another mighty offering from science to mankind was made through this devoted physician without his demanding the slightest recognition or a share of the honors which were freely given to others. While traveling together on shipboard Jackson and Morse met. Morse told Jackson of his labors and failures while attempting to convey messages by electricity. Jackson related his trials in the same line of experiments and corrected faults in Morse's system. Morse profited by these instructions, which soon enabled him to perfect the telegraph. Jackson was as indifferent to glory as it was possible for flesh and blood to be. This modest, true and diligent man loved science for its own sake and for its power of rendering benefits to humanity; and he was ever happy amid its most mysterious and intricate problems. His heart freely gave rich treasures from out of the vast storehouse of his wide and generous mind.

Next to Jackson's name appears that of John C. Warren, who was Boston's greatest surgeon in those days. On account of the constant difficulty of procuring the dead for dissection, through a narrow popular prejudice, he commanded that upon his death his own body should be dissected and his bones hung in the college museum for the benefit of science, and to overcome public aversion to this most necessary means of instruction. His directions were strictly followed, and there the honored skeleton of that most distinguished surgeon has swung for many years. The eyeless sockets beneath that brow seem to demand that science should unite her prayers with those of Jewish and Christian churches for the eternal repose of that noble soul which had so generously denied even the rest of the grave to its earthly tenement, so as to enable man to acquire a better knowledge of the human body in order to lessen the ills of his fellows.

Dr. Warren was a proud but just man. This was well illustrated by the following incident:

During a clinic he called a number of students to the operating table to examine a peculiarity in the case. All solemnly gazed through the august professor's eyes and reverently saw what he thought he saw, until the last one approached the case. He was an earnest worker, but generally very timid. It was simply impossible for this quiet student to

see what the impatient teacher described. "But," said the young man, "I do see the evidence of another trouble which may account for the condition; whereupon he explained his views. This dreadful thoughtlessness frightened the student himself, but his presumptuous suggestion caused a more thorough examination of the patient to be made, and to his chagrin the doctor was obliged to humble his pride for the nonce and acknowledge his error. Until after this student's graduation Warren would not notice or speak to the unfortunate transgressor; but when appointments were made for the hospital, the professor himself, whose dignity and pride had been so sorely offended, saw to it that the young man should have the best position within his gift.

Lower down in the list is written the name of Jacob Bigelow, who was a teacher well fitted to prepare young men for their medical career. In his efforts to guide his students aright he never wearied in warning them to avoid the careless or needless use and abuse of medicines. He was fond of beginning his course of lectures on *materia medica* with the following humorous remarks:

"Remember, young gentlemen, that man is a drug-loving and drug-taking animal, and it is your business as physicians to keep them from him."

A later professor in the same college, one whose intense wit has made the whole world smile with pleasure, Oliver Wendell Holmes, supplemented Bigelow's words with the sparkling satire:

"If all the medicines in the world were thrown into the Atlantic Ocean, it would be better for mankind and worse for the fishes."

A sadder task awaits me now. He whose signature stands last upon that time-stained medical diploma, was the Professor of Chemistry. The mention of his name to-day causes many old men and women to pity that poor man who, half a century ago, shocked millions in Europe and America by his appalling crime. The murder of Parkman by Prof. Webster, and his subsequent attempts to destroy the body by fire and chemicals, and his last, but futile, effort to hide that ghastly evidence of his deed under the waters of the Charles River, was at that time one of the most fearful records in the annals of crime. It was made especially hideous by the refined surroundings of the murderer. A cultivated man of high character, with a charming family and excellent social circle, and, especially, his honorable position as professor in one of the most noted educational institutions of this country, all these combined advantages which ought to have been an absolute protection to him.

His life should be a warning for young professional men of slender means to beware of the dangerous habit of contracting debts. To-day there are far too many allurements for young men to purchase this or that valuable medical or art work, to be paid for on easy installments. Sixteen chances to one he could just as well do without the so-called valuable work thus ably presented and extolled by glib-tongued book agents. Far better is it to gather a library by selecting

absolutely necessary books only and paying cash for them one by one. An unwieldy library is poor property for a young physician, especially if it be the means of keeping him in debt.

Webster owed Parkman, and being utterly unable to pay the money at once, the lender's constant duns had worried him exceedingly. The probability is that on the last visit made at the laboratory Parkman was very harsh and irritating while demanding his money. Webster, being already nearly crazed by financial straits, became for the moment frenzied; then a single blow with a heavy stick caused a death which probably was never intended. Imagine the horror of that moment when he realized what he had done. Who can have any conception of the bitter terror of those days before suspicion fell on him? The gallows must have been a welcome respite for his anguished mind. The law, in all probability, would have been more merciful to him had he instantly declared his deed and his innocence of premeditation. Unfortunately his many subsequent attempts to destroy the evidence of his guilt locked all doors of a possible good legal defense.

The plain lesson of his act teaches us to avoid the occasions of evil, above all, *debt*, as that has been the roadway to a vast multitude of crimes.

PRUNUS VIRGINIANA IN BRONCHIAL COUGH.*

BY GEORGE FREDERICK LAIDLAW, M.D.,

Lecturer on Pathology in the New York Homœopathic Medical College and Hospital; Pathologist to the Hahnemann Hospital of New York, etc.

MY first acquaintance with the drug under consideration, *prunus virginiana*, came about when I was searching for a remedy to cure an obstinate cough that had resisted the indicated remedy prescribed in the usual manner. The patient was a girl, aged twenty years, and of delicate constitution, who presented the usual signs of having "taken cold," commencing with coryza, and, after a few days, passing into a cough with scanty expectoration and soreness under the sternum. The cough was persistent and annoying at all times, but most troublesome when lying down at night. On examination, percussion was negative, but auscultation revealed coarse rales in the larger bronchial tubes of both lungs, indicating a catarrhal bronchitis.

As is my usual habit, after several homœopathically-chosen remedies had failed to relieve the condition, I searched all available literature for suggestions or remedies that would benefit the patient. During this investigation, in a book devoted to the botanic system of medicine, I found *prunus virginiana* recommended for dry cough. I procured some of the *prunin*, as it is called, and gave the prescribed dose of one grain every two hours with the most happy results. In forty-eight hours the cough was materially improved, and at the end of a week the cure was complete. A few

* Read before the Homœopathic Materia Medica Society, February, 1896.

months later, on the occasion of a fresh cold, with the same troublesome symptoms, the prunin made a prompt cure.

For the cure of those bronchial coughs that are aggravated by lying down, our *materia medica* offers several drugs, among which are hyoscyamus, conium, arsenic and rumex. I have prescribed these drugs frequently on this indication, and, with the exception of a case cured by conium, in the second trituration and two cases cured by rumex in the third dilution, I have met with no success whatever in their use. On the other hand, I find that prunin is a very reliable remedy in such a cough, and prescribe it with the utmost confidence. The reason for this aggravation on lying down is as yet an unsolved problem to me. It is variously explained, as a change in the position of the liver with consequent pressure upon the lung, and also as a change in the position of the mucus in the bronchial tubes, neither of which explanations seem adequate.

There is another form of bronchial cough in which prunin is serviceable, and that is what I may term the spasmodic or asthmatic form. There is considerable wheezing and dyspnoea, and the coughs come in groups of five or ten. Physical examination shows an abundance of whistling rales, with here and there an area of fine sub-crepitation. A feature that I have noticed is that the dyspnoea comes on especially after coughing. During the attack of coughing, each breath is a peculiar dry wheeze that can be heard across the room. This cough and dyspnoea are apt to be worse at night and on lying down, so that the patient is compelled to sleep propped up in bed, if he is so fortunate as to sleep at all. Here prunin, in doses of one or two grains every two hours, will often work a prompt and permanent cure.

As to the limitations of the drug, prunin will not cure the cough of phthisis, though it will at times mitigate its severity. There are cases of chronic bronchitis dependent upon a pituitary constitution or upon organic diseases of the heart or kidneys, and these prunin will not cure, though one old school author recommends the syrup of *prunus virginiana* as an efficient palliative in the bronchitis of heart disease. On the other hand, in the persistent cough that follows the grippe or influenza, which is notoriously difficult to cure, prunin has often succeeded in my hands when other means had failed. In the height of an attack of grippe, prunin is of less value than in the sequelæ.

Prunus virginiana is altogether neglected by our Homœopathic text-books and meets with scant consideration at the hands of the "Allopathic" or empiric school. It is true that the syrup of prunus is very largely prescribed, but it is regarded as a mild digestive tonic or as a pleasant-tasting vehicle for cough mixtures, rather than as a drug with a specific curative power of its own. This is probably because the syrup does not represent the full virtues of the plant. The best preparation of the drug and the one with which most of my experiments have been made is called prunin. It is manufactured by B. Keith & Co., of this city. Prunin is what the makers call a "concentrated

remedy," that is, a remedy in which the alkaloids, resins and other active principles have been extracted separately from the crude plant and then recombined in definite proportions; whereas, as is well known, in the crude drug the relative proportion of the principles varies according to the season of the year and the locality in which the plant is gathered. This mode of preparation has seemed to me of value; at least, I have obtained better results from this preparation than from the ordinary tincture, fluid extract, syrup or infusion. I was once called to treat an elderly lady for a chronic cough and found that she was in the habit of using a fresh infusion of wild cherry bark (*prunus virginiana*) to relieve the cough. She had been taking it for some time without relief. When I gave her prunin the cough improved immediately and was finally cured. The explanation of the failure of the infusion lies in the fact that the active principles of prunin are three in number, a neutral principle that is soluble in water, a resinoid and the so-called amygdalin, that are insoluble in water, but must be extracted by other solvents. The combination of the three principles accomplished results that could not be obtained by one of them alone.

In the use of these active principles, there is one point which must always be borne in mind, and that is that most of them are soluble in alkalies but are insoluble or entirely destroyed by many acids. The most destructive acid is lactic, which is often present in the stomach, and must be neutralized by the administration of an alkali simultaneously with the medicine. Practically it is impossible to determine whether or not the stomach contains sufficient lactic acid to interfere with the drug; therefore I always administer an alkali with each dose of prunin. The alkali may be a small glass of vichy or seltzer, or ten grains of bicarbonate of soda or Rochelle salt. Tartaric acid does not seem to neutralize the drug.

SCOLIOSIS.

BY OTTO SCHERINI, D. G.

Masseur and Medico-Gymnast, of Stockholm, Sweden.

DEFINITION.

EVERY permanent curvature of the vertebral column is a scoliosis. There are two kinds of scoliosis, namely: "Scoliosis muscularis" and "scoliosis ossicularis." The disease begins either in the muscles or in the bone apparatus. If it begins in the vertebral column itself, and is not properly attended to, the muscles also soon will be affected, and *vice versa*. Then the secondary stage has set in. In the third stage the fibrocartilages intervertebralis become ossified.

SYMPTOMS AND CHANGES.

It is very difficult to notice the scoliosis at its first beginning, it comes on so very gradually. It is, however, of great importance for a successful result of the treatment, immediately to begin to attend the case at the very least sign. The slightest dissymmetry between

the shoulders or hips should be carefully studied. It may depend on mechanical or other causes, and the shoulders and hips may have an abnormal position without a beginning of scoliosis.

As soon as a curvature is visible in any part of the spinal column, the scoliosis is in its first stage. It is characteristic of this stage that the one afflicted is able to hold his back straight by will power; that is, for a short while at the time being. In horizontal position the column also straightens out. The curvature is now pathological, and there is no reason to think it is only a tendency to scoliosis.

A primary curvature will sooner or later be followed by another—a compensation-curvature. When this latter curvature is developed, the scoliosis has begun its secondary stage. The curvatures form similar to a letter S. Sometimes curvatures will form in the regions of the neck and sacrum, although the bend always is more distinct in the dorsal region. Characteristic of the secondary stage is the turning of the vertebrae around their pivot, with their bodies towards the convex side, and their proc-spina towards the concave side of the column. With a permanent curvature and turning of the vertebrae will also follow a change in the shape of fibrocartilages intervertebralis, and also a change in the position of the ribs, clavicles and scapulae. When this deformity is developed, the scoliosis is in the third stage, and will develop still more if it is allowed to take its own course. The time a curvature takes to develop is variable, depending on individuality and various other circumstances, as to quality of substance in cartilage and bone, condition of muscles, habits, etc., etc. On the degree of the curvature depends naturally the extent of the other deformities. When the spinal curvature develops and increases it causes a wedge-formed change, at first in fibrocartilages intervertebralis, and afterwards in the vertebrae themselves, the reason being the continual pressure. The greatest deformity will appear in the middle of the pathological curvature, and decreases towards the ends. With the curvature must follow a change in the normal position of the ribs. On the convex side they are pushed out, and spread, and the vertebral ends are flattened. On the concave side they come closer together. It has happened, though rarely, that they have grown together. The shoulder blades acquire an abnormal position. On the convexity the shoulder blade is pushed up, on the concavity it is too low, and seems also to be pressed forward.

In scoliosis there are pathologic-anatomical changes in the muscles, but they appear to be very different. It is of great importance in the treatment to closely watch for such changes. The muscles on the concave side very often show a certain hypertrophy, on the convex side real atrophy. The muscles on the convex side are in a state of unnatural extension, pale in color, with poor nutrition. On the concave side they are shortened (wrinkled together), tensile, of good color, and with normal nutrition. The highest degree of this deformity is called paralytic

thorax. Then there are not only the before mentioned changes in bones and muscles, but changes and functional irregularities in the organs of circulation, respiration and digestion.

The general health seems not to be affected in the beginning of scoliosis, and sometimes it keeps good even when the disease has reached a high degree.

Many believe and imagine that scoliosis in the first beginning will get well by itself, but that is indeed a serious mistake. Experience shows that if a spinal curvature has once made its appearance it has come to stay, and will develop. The disease has a great help in the laws of gravity, and also in the habits of taking improper poses when standing, sitting, etc.

CAUSES.

Hereditary Disposition.—If hereditary disposition exists, the scoliosis develops very easily, not alone in cases of weakness, but also in persons having a strong constitution. There are instances when grandmother, mother and daughter all have suffered from the same form of scoliosis. It seems the hereditary disposition is much more prevalent among the gentler sex. Dr. Eulenburg attained the following result out of 1,000 scoliotic cases diagnosed; 254 were hereditary, and of those 249 were from the mother, and only five from the father.

Rachitis.—This inflammation of the spine, chiefly resulting from an insufficient nutrition, often results in scoliosis. It changes the structure and form of the bone apparatus. Through too much organic substance the bones have an abnormal flexibility.

Weakness of Muscles is sometimes the cause, but then it must be in combination with other causes. Muscular weakness, however, will certainly increase the disposition to scoliosis.

Pueritic Exudation is, in several, cases a direct cause. But this, and other special reasons, may be considered as exceptions.

Inflammation of Muscles.—If the muscles on one side are affected with pain (rheumatism), the one suffering tries to keep those muscles rested as much as possible, in order to avoid pain. After some time it happens that a curvature will appear with the concavity toward the healthy side. Of course, this is an exceptional cause.

Contraction of Muscles.—There are two kinds of pathological muscle contraction. One is a permanent but tensile contraction, and sometimes a primary cause. By an abnormal energy of the nervous system, a tensile contraction of the muscles on one side will take place and cause a deviation of the spinal column. The other is a retraction (not tensile) of the muscles on one side, and is sometimes the cause of a curvature.

Debility and Extension of Muscles. Here is an important question concerning the pathogenesis of scoliosis. It is a physiological truth that in order to have the spine properly balanced, the muscles on both sides must have the same tenacity. If a sickly debility exists on one side, and the muscles of the other side are healthy, it follows that the spinal column will curve with the convexity

toward the side of the diseased muscles. The S-formed scoliosis seldom appears before the sixth or eighth year, with the upper convexity to the right and the lower to the left. The convexities, *vice versa*, are exceptions.

Observe the back (naked) on a person sitting at a table writing; the right arm and elbow are extended from the side, while the left arm is close to its side, the back is bent in the dorsal region with the convexity to the right. It is plainest seen in weak persons, and sometimes even a double bend may be observed. This is very often the position of pupils in different schools, and can at any time be seen. This temporary and physiological curvature will often cause a scoliosis, although the back is generally able to submit to the unnatural position for some time. A certain pose will readily become a habit, and when once a habit Nature will give in. A proof that this is one of the most common causes, is that scoliosis was never observed among uncivilized nations.

PREVENTION.

As long as there is a good equilibrium of the muscles on both sides of the back, there is no danger of scoliosis. To prevent the deformity is wholly dependent on keeping this equilibrium. It can be done in a negative way, by avoiding wrong positions when sitting or standing, and in avoiding one-sided movements. It can furthermore be done by proper hygienic means, viz., sound food, fresh air, cleanliness, and a suitable amount of exercise. Scoliosis was never yet observed where proper gymnastics were used from childhood.

Where there is no opportunity of securing proper gymnastic exercises, such can be taken at home. The following active exercises might be safely recommended:

Arm spreading and closing; arm raising upward and sinking sideways; forward lying trunk raising; standing (arms stretched upward) high-stepping; abdominal exercises; arm bending and stretching upward and sideways; neck firm standing trunk-turning, arm swinging, etc. These movements can be taken in any home.

Scoliosis is more common among the working class, their children having less opportunity of receiving proper gymnastics.

The orthopedic as well as the gymnastic treatment is used for scoliosis. The orthopedic is the older, but is not used as much as it was, owing to the success of the gymnastic treatment.

TREATMENT.

If the muscles on the convex side are weakened or have undergone a pathological change, and the muscles on the concave side are normal, or perhaps only have a slight change in the nutrition, it is natural that the muscles so changed must be put into a normal condition. That cannot be done by mechanical extensions. To gain the desired result there are only two ways; muscle movements and electricity.

To straighten a curved spinal column extensions have to be used. The question is then:

Are mechanical appliances necessary for these extensions, or can they be done with help of the organism? In mild forms of spinal curvature, where the vertebræ are not deformed, the spinal column is straightened by each extension of the back. In bending towards the convexity the spinal column will not only become straight, it can even be bent towards the other side, showing an extension of high degree. No mechanical contrivances will effect an extension as well as proper active gymnastics. The treatment is simple. The equilibrium between the muscles of both sides must be restored. The muscles on the convex side are weakened and sickly, and must be brought back to their normal condition. If the convexity is to the left (being the usual case), bending is done to the left with support of the operator's hand on the highest point of the convexity. The muscles of the left side are then put to work, while those on the right side only are passively extended. The neck-firm position (clasping the hands in the back of the neck) increases the value of the bending movement.

Neck-Firm-Standing, Side-Bending, with Side Support.—One hand of the operator is placed on the highest point of the convexity, the other hand on the opposite hip. The bending is done slowly, but strongly, and is repeated several times. It can be given by one operator, but is stronger and more beneficial when given by two. This movement can also be taken in sitting position.

Side-Lying Trunk Raising.—The patient is lying on side with legs only, the feet are held down by the operator, or a strap may be used—on a lounge or other apparatus, which would serve the purpose, with the convex side up. The bending is done upward. The hands of the patient are placed on the hips (hips firm), or neck firm, when the patient is sufficiently strong for such a position. If one shoulder blade is lower than the other, use neck firm only, with the hand of that side. These two movements may be considered to be the foundation for treatments of single scoliosis. After some time they are easy to take and not very trying. The spinal column is receiving a constant extension. Between the movements the patient should be resting in a perfectly horizontal position.

EXAMPLES OF MOVEMENTS IN TREATING SINGLE SCOLIOSIS.

Arm extensions upward and sideways; neck firm standing; side bending, with side support; hanging head, bending and stretching; side-lying trunk-raising; neck firm heel raising with side support, etc.

EXAMPLES OF MOVEMENTS IN TREATING DOUBLE SCOLIOSIS.

Support standing arm extensions; stoop sitting trunk-raising, with double support; hanging head-bending with double support; hanging leg-spreading; side-lying arm extension with double support, etc. After every movement arm spreading and closing.

The virtue of the treatment does not consist in a great number of movements, but in using good judgment in applying them, and in observing

external indications. Between the treatments a corset or brace may be used for support, in the beginning. When the fibrocartilagines intervertebralis once have become ossified, this or any other treatment cannot help—but medico-gymnastics properly applied will always tend to straighten the spinal column, and strengthen the muscles of the back.

ŒDEMA OF THE LUNGS.

A CLINICAL LECTURE BY PROFESSOR POTAIN,
DELIVERED AT THE HOPITAL DE LA
CHARITE, PARIS, FRANCE.

Translated by F. H. Pritchard, M. D., Weaver's Corners, Ohio, with Remarks on the Differential Diagnosis and the Modern Treatment.

YOU have noticed in the Bouillaud Ward a man who for about fifteen days, without accompanying fever or pain in the chest, has been coughing, but whose general condition is apparently not alarming. On examining him we were only able to detect at the lower and posterior portion of the right lung an area of dullness; here the vesicular murmur had disappeared and had been replaced by coarse and moist subcrepitating rales.

These signs deserve to be studied with care, for they may be explained in various manners, and may assume a different semeiological value, according to the case.

What indeed may signify this dullness, this subcrepitant rale and this absence of vesicular murmur? Such a complexity of signs, as you know, is most frequently characteristic of pneumonia. Are we to conclude that our patient has a pneumonia? The duration of the disease, the coarse and moist character of the rale, which resembles the *rale de retour*, would lead one to think that it was a pneumonia undergoing resolution; but such a conclusion is not admissible, as the evolution of his disease in no way resembles a pneumonia.

It is scarcely necessary to consider a pleurisy, for the rales are too superficial, the area of dullness is different, and is not affected by a change of position of the patient.

Congestive pneumonia sometimes presents this totality of symptoms, but the crepitating rales heard in such a condition are quite different from those audible here, for in our case they are very coarse, moist and not modified by the cough; in congestive pneumonia, on the contrary, the rales are very fine, very superficial, and have been compared with the sound produced by rubbing a lock of hair between the thumb and finger. A coarse rale, moist in character and limited to inspiration, is, in reality, the rale of œdema. To tell the truth, œdema of the lungs is not ordinarily accompanied by dullness on percussion; more frequently the resonance is increased, as in emphysema. Therefore, we are justified in saying that we have in this case congestion of the lungs, associated with œdema. On several occasions I have considered with you pulmonary congestion,

which we so often meet with as a consequence of the bronchitis of the grippe. Therefore, I shall only discuss with you pulmonary œdema, which is assuredly a rare affection, and the pathogenic conditions of which are still but imperfectly understood.

The œdema may occupy the whole lung, whose volume and weight are consequently greatly increased; the œdematous lung is, in general, but little colored and grayish. It has a flabby feel, yet it will not sink if thrown into water. On section, a rose-colored serum freely exudes, which may be reddish if there has been much congestion. If one examine the lung tissue microscopically one will only find serum in the alveoli. The interalveolar walls are infiltrated and thickened. The connective tissue is also imbibed with the same fluid.

Occasionally the œdema is more limited in extent, and is localized at the lower portion of the lung. This state is noted in patients with heart affections, where the left lung, according to the investigations of Renaut, is in general more frequently involved.

The œdema associated with cardiac diseases differs but little from the preceding. Besides the serous infiltration, there are in a certain number of alveoli small effusions of blood with accumulation of a large number of red blood-corpuscles and alveolar and bronchial endothelial cells. When the lesion is long-lasting, induration sets in, a sclerosis of the interalveolar septa, which are infiltrated with proliferating connective tissue cells. This is the brown sclerosis or brown induration of symptomatic œdema of mitral affections.

This lesion, which is so simple, also presents a very simple symptomology. It is characterized by special rales, coarse, crepitating rales, which are larger and coarser than the subcrepitating rales of pneumonia. Laennec has pointed out that the crepitating rales here are limited to inspiration; indeed, he seemed to attach no less importance to the volume of the rales. Here these differentiations are of little importance; it is only necessary to know if these sounds originate in the bronchioles or in the alveoli, two portions of the lungs which, though they are very closely connected anatomically, from a pathological point of view, may remain isolated. The bubbles of these rales are both of the same size as those of all rales produced in all pulmonary cavities, excepting those of emphysema are the same. In case they originate in the alveoli they are but little modified by efforts at coughing, while the contrary is true of rales in the bronchioles, where mucus may be forced up by the expiration from the alveoli. The shock of coughing, indeed, has no effect upon the vesicular rales. This we have noted in our patient. Therefore, we have a true crepitating rale, but it differs from that of congestion of the lungs, or, better said, pleuro-pulmonary fluxion, where the superficial alveoli are chiefly affected, and where consequently the rales are very fine, very superficial and heard at equal periods. Here, in our case, the rales are very large and very unequally distant one from an-

other. In fibrinous pneumonia, where the alveoli are but little distended by a croupous exudate, the rales are very small and dry. As I before said, the rale of œdema of the lungs resembles in many ways the *rale de retour*, the crepitating one of expiration in pneumonia. Yet there is, nevertheless, a difference; the crepitating rale of œdema is clearer, moister than the latter.

A comparative study of the different rales has therefore led us to conclude that the rale in our case that of pulmonary œdema. In pulmonary apoplexy a variety of crepitant rale is met with which resembles that of pulmonary œdema, but the differential diagnosis is easy, for in this affection they are limited to a small portion of the lung and they are more circumscribed; from the limited area of hemorrhage, the area of dullness is more localized. Besides, blood is seen in the sputa.

In patients with œdema of the lungs the resonance is normal or even increased on percussion, similar to what one finds in emphysema. Most frequently, it is true, there is also a coexisting emphysema. This emphysema is produced in the ordinary manner. On account of the obstacle to respiration the thorax instinctively distends and the patient breathes with the maximum of thoracic distension. This condition may be brought about in animals by injecting air or any gas into the pleural cavity. Now, for example, if one introduce carbonic acid gas, which does not satisfy the desire to breathe, one will notice the appearance of expansion of the lungs. If, on the contrary, oxygen be injected, which satisfies this demand, an atelectasis follows, and finally oppression sets in. When there is pulmonary œdema this oppression exists but the dyspnoea is very variable, according to the form and especially the extent of the œdema.

From the point of view of development, two forms of œdema are best distinguished, a chronic and an acute. The chronic form, the most frequent of which we find an illustration in the œdema of those with heart affections, most often produces no difficulty of respiration. The same does not hold good of the acute, and especially of the sub-acute varieties, which may be accompanied by grave general symptoms. These patients without any appreciable reason are suddenly seized with extreme dyspnoea, a distressing cough which resembles that of whooping cough is incessant, and after a few moments they commence to expectorate a frothy, albuminous, whitish, and sometimes rose-colored liquid, which is nothing else than the so-called albuminous expectoration often noticed to accompany too frequent thoracentesis. This form of pulmonary œdema is frequently followed by death. I recall the case of a man who was apparently in good health and who, being seized with a distressing feeling of suffocation, sprang up, opened the window, sat down to cough, choked up and died at once then and there.

These symptoms are especially observed in gouty subjects. Such cases are, it is true, relatively exceptional. Bouveret has recorded them as occurring in the course of typhoid fever; they are noted in Bright's disease. Huchard has met

with them in aortitis; I, for my part, have seen them in agina pectoris. Excessive heat or cold is capable of bringing them on. Certain poisons, and especially muscarine, are capable of bringing about constantly subacute œdema. Acute alcoholic poisoning is another relatively frequent cause. The etiology of sub-acute or acute œdema is therefore manifold.

Along with the acute and chronic forms of œdema there is also a variety of sub-acute œdema, which is noticed in arthritic subjects. In these patients one will find at the base of one or both lungs, fine rales which are crepitating in character and very persistent. According to Colin this œdema is especially prone to appear in patients with cholelithiasis or nephro-lithiasis. In a patient, a female, in the Piorry Ward, we have been able to detect for several months the appearance of an œdema at the base of the right lung, coincident with a dislocated kidney, which is seemingly due, in a certain measure, to former attacks of hepatic colic.

What is the nature of pulmonary œdema, and what are the pathogenic conditions under which it may appear? Upon this point our knowledge is still uncertain. Œdema of the extremities results, as we know, from an obstacle to the return of the circulating blood; now we find pulmonary œdema secondary to cardiac lesions, to mitral stenosis for example, which presents a hindrance to the pulmonary circulation. The pulmonary stasis due to hindered circulation in the lung is the principal cause of the œdema. This explanation, though holding good in such cases, will not in all. More is requisite than an obstacle to the circulation of the lung. In animals of different species in which experiments have been made, it has been remarked that in one an obstacle to circulation will produce a pulmonary œdema, while in another nothing of the kind will follow. In the former, it is only necessary to reduce the pulmonary circulation to one-fifth of its extent to determine an œdema. As one does not find in all subjects affected with the œdema an obstacle to circulation, it has been thought that the disturbance might be dependent upon a disturbance of the propelling force of the heart; this is, however, a too inconstant condition. It has also been held that the left ventricle, no longer competent, formed an obstacle to circulation. Finally, it has been supposed, and above all, in sudden œdema, that sudden modifications in the blood supply of the lungs might cause œdema. Now one may observe considerable hyperæmia of the lungs without œdema, and, reciprocally, œdema without hyperæmia. A fourth factor has been brought in, the state of the pulmonary capillaries; these latter, under certain conditions might oppose a diffusion of the liquid in the lungs. The state of nutrition of the vessels, it must be admitted, is of importance, for, after death, œdema easily occurs. Hence, the causes are manifold which may influence the capillary circulation. Without mentioning heart diseases, with their associated difficulty of respiration, in consequence of their modifications of the blood, even nervous influences may act in

various manners upon the pulmonary circulation. It is difficult, as is easily seen, to form an exact judgment of the real cause of the œdema. The local influence and the peripheral resistance are certainly of consequence. This is all that can be said at present, at least. The prognosis of œdema is essentially variable; grave in acute œdema, is less gloomy in the chronic variety, except where from a special cause, it tends to become progressively aggravated, therefore it is necessary in the prognosis to keep in mind the determining cause. In our patient the conditions under which the œdema has appeared, associated with the œdematous congestion, exclude all idea of gravity. At no time since he has entered our service have we been obliged to be anxious with regard to him. Thus the œdema has been treated expectantly, and the initial pulmonary congestion of grippal origin has been treated. It would by no means be the case if the œdema were extensive or menacing. The indications would be numerous. It would be necessary to employ derivatives, under the form of dry or bloody cupping or venæsection. If the œdema appears rapidly a mustard plaster may be applied to the chest, the arms and legs be placed into hot water. If the œdema be prolonged, purgatives are of service. In chronic œdema this symptom is but an accessory part of the disease. Therefore, no special medication is called for; treatment should be directed towards the causal disease.

You will observe that it is necessary to recognize the existence of pulmonary œdema. In certain cases it is capable of forming a decided hindrance to a diagnosis. In others an immediate diagnosis and urgent treatment are called for.

The learned lecturer has wisely divided pulmonary œdema of the lungs into acute and chronic. In the acute and sub-acute varieties the most striking symptom is the great and distressing dyspnoea, and the patient is in a condition that demands immediate help. It may arise from pulmonary congestion, as from a neglected cold, that follows sudden injuries of the brain or irritation of the pneumogastric. There is also a form which may come on after a violent exertion, as from dancing after a full meal, preferably in a subject with mitral insufficiency or from running rapidly upstairs after a full meal. In chronic nephritis acute œdema of the lungs may come on suddenly and rapidly prove fatal. (Osler, "the Principles and Practice of Medicine," New York, 1892, p. 506). Da Costa ("Clinical Diagnosis") also points out the similarity of this disease with acute pneumonia. The dyspnoea, the crepitant rale may well mislead; but we cannot err, he states, if the frothy sputum, the general distribution of the rales, their somewhat coarser character, the bluish lip, the noisy breathing and the absence of fever be taken into account. In acute œdema these are the precursors of death. In chronic œdema the rales are persistent, and so is the difficulty of breathing. The patient has usually to be propped up with pillows or he cannot breathe at all.

Pulmonary apoplexy, as Potain states, is another affection accompanied by great difficulty in breathing. But the lesion, the infarct, is small

and circumscribed. There is also associated external hemorrhage. On examination, a grave disease of the heart is found, which will explain why extravasation of blood into the pulmonary structure has taken place. The branch of the pulmonary artery supplying the infarcted part is most frequently plugged by an embolus, which has been whipped off and swept into the lung, most commonly the right one. Again, there is more pain with pulmonary apoplexy than in pneumonia, while in œdema the pain is utterly lacking. The dyspnoea is also sudden and greatest at first, when the blood is extravasated, and declines from then.

Laennec ("Treatise on the Diseases of the Chest," etc., English translation by J. Forbes, New York, 1893, p. 178), who was the first to describe pulmonary œdema, presented the signs by which it is now recognized. In cases it complicates emphysema. Woillez ("Dictionnaire de Diagnostic Medical," Paris, 1870, p. 696) states that the auscultatory and percussory signs may be very obscure or nearly absent. Prof. Nil Filatoff ("Semiotik und Diagnostik der Kinderkrankheiten," Stuttgart, 1892, p. 218) in children has found œdema of the lungs to be a forerunner of death in various acute diseases, and to be due to cardiac weakness. It may be distinguished from capillary bronchitis by the rapid appearance and extension of the rale, and especially by the sputum, which Laennec has compared with a mixture of equal parts of egg albumen and water, and which is profuse, frothy and fluid.

Among the other lung diseases in children, which he mentions as without dullness on percussion, but with cough and dyspnoea, are pulmonary œdema and emphysema (p. 203). Pulmonary œdema he grants greatly resembles, at least in children, from its physical phenomena, an extensive bronchitis, as it is characterized by dyspnoea, with a resonant sound on percussion, with numerous moist and fine and coarse rales in both lungs. A diagnosis of the œdema may frequently be made by associated conditions, for example, of general anasarca from nephritis, or heart incompetency, heart weakness in grave infectious diseases, difficult hindrances in the pulmonary circulation from copious pleuritic exudates, in pneumonia, etc. Again, the sudden developments of orthopnoea, with simultaneous cyanosis and coldness of the extremities, are characteristic of œdema. A capillary bronchitis never extends so rapidly over both lungs, but commencing at the posterior-inferior portions gradually increases in extent.

Emphysema is not the disease of adults, but rather a dilatation of the lungs, a temporary affection of children, and distinguishes itself by extension of the area of pulmonary resonance, pushing down of the liver, diminution of the cardiac area of dullness. It may be associated with whooping cough or chronic bronchitis.

In the treatment of œdema of the lungs modern means has yielded brilliant results that are beyond comparison with those obtained by older means. It is especially in the acute and sub-acute forms, where no chronic organic lesion is at the

bottom of the trouble, that such striking proofs of the superiority of our measures are remarked. Even in the other conditions where it has appeared the results are good, but if a serious organic incompetency be the cause they cannot be lasting.

The remedies recommended by various writers are: *Aconitum*, *arsenicum*, *ammonia carb.*, *carbo veg.*, *ippecac*, *kali iod.*, *kali phosph.*, *phosphorus* and *tartarus emeticus*.

Aconitum.—In the so-called inflammatory oedema (Osler, l. c.), such as that associated with ordinary congestion of the lungs or that associated with pulmonary inflammatory states, when indicated, *aconitum* must be the remedy. Its ability to control, as well as to produce these grave congestive states, is shown by the poisonings and provings and confirmed by therapeutics. Hering (cited by Burt, "Physiological Materia Medica" Chicago, 1883, p. 49.) presents the following clinical picture as characteristic: "Asthma from active hyperæmia of the lungs and brain; face red, eyes staring; feeling of a band around the chest; muscles of the chest rigid; agony, sits up in bed, can hardly breathe; pulse like a thread; vomituration; urine scant and dark; sweat, with anxiety; after the paroxysm has white, yellow or blood-streaked sputa."

Dr. Lambrechts ("Journal Belge D'Homœopathie" No. 3, vol. ii, 1895) reports the interesting case of a man of thirty-five years, very corpulent and of a sanguine temperament, who had taken cold and in spite of an incessant cough he had persisted at his work, until he had suddenly become worse. When seen, he was sitting up in bed and gasping for breath, scarcely able to answer except in monosyllables, while his respiration was painful and accelerated. Frequent attacks of irritating cough brought up a frothy liquid, mixed with clear red blood. His pulse was small and rapid and the heart beats weak. His face was covered with a profuse cold sweat, and he was anxious and excited. No dullness on percussion, but on auscultation fine and subcrepitating rales were to be heard throughout both lungs; temperature normal. Diagnosis: Acute pulmonary congestion with oedema of both lungs. An unfavorable prognosis was given, as he might die at any minute. *Aconite* and *phosphorus* were given, in alternation. The next day he was better and in three days he was able to go to work again. Though the scientific accuracy of this report is marred by the alternation of the *phosphorus*, *aconite* was undoubtedly the remedy which brought about the favorable result.

Arsenicum.—Lilienthal ("Therapeutics," second edition, p. 549) gives as indications of this remedy: "Great anxiety, restlessness, always worse towards midnight or soon after; must incline the head forward to breathe; loss of breath immediately on lying down, expectorates frothy saliva." Though *arsenicum* will undoubtedly act wherever indicated, its therapeutic sphere would seem to be in oedema secondary to anasarca, from an affection of the kidneys, lungs or heart. Ch. Gatchell ("The Key Notes of Medical Practice," Chicago, 1887, p. 36), calls attention to the

debility and prostration as characteristic, and especially if the disease associate itself with anasarca. Though rather indicated by its pathogenic action in nervous asthma it might occasionally be of service in oedema.

Ammonium Carbonicum.—Gatchell says to give this remedy on the first signs of drowsiness and carbonic acid poisoning. Lilienthal gives as characteristic: "Somnolence, poisoning of blood by carbon; difficult breathing, causing short cough, relief from fresh air, and when sitting quiet." Hering speaks of a thin, foamy sputa, rattling of large bubbles in the chest under the remedy.

Carbo Vegetabilis.—Lilienthal states *carbo veg.* to be of service in a collapsed state; hoarse mucous rales in the chest; rattling of large bubbles, face pale, skin cold; slow, intermittent pulse; wants to be fanned. From the general trend of opinion among writers this would appear to be of value in oedema of the lungs, occurring as a complication in emphysema, especially in the aged.

Ipecacuanha.—Spasmodic cough, sickness of stomach; fine rattling noises in the chest; dyspnoea, with threatening suffocation; the chest seems loaded with mucus and still there is but little expectoration; face rather pale (Lilienthal, l. c.)

Though we usually think of *ippecac* in dyspnoea of a catarrhal nature, I know of one case of true oedema of the lungs which came on in a man of forty-eight years with extreme suddenness, and in a short time nearly cost him his life, where *ippecac* (with *aconite*), actually brought him back from the brink of the grave. The loud rattling in the chest, with paleness, cold sweat and cyanosis, were the indications pointing to the drug. Dyce Duckworth (cited by Burt, l. c.) noted, post mortem, in experiments on animals, an intense hyperæmia of the lungs, which were in places collapsed. Hughes ("Pharmacodynamics") states that *ippecac* sets up an irritation of the mucous membrane, increased secretion going on to catarrhal inflammation. In other words, *ippecac* is capable of producing a sputa that is not necessarily mucous but watery.

Kali Hydriocum.—Oedema pulmonum, with sputa like green soap suds. Burt (l. c.) also cites it in oedema of the lungs where the oppression awakens the patient in the morning hours. The action of the iodide upon the mucous lining of the bronchial tubes is well marked, as shown by the hoarseness, oppression of breathing, short and hacking cough, finally accompanied by copious green expectoration. Kobert ("Lehrbuch der Intoxikationen," p. 374.) also calls attention to dyspnoea, cough of an irritating nature, the iodic asthma, etc., as produced by iodine.

Bonino ("Primi Studi di Materia Medica," Turin, 1893, p. 197.) directs attention to the value of iodide in a tendency to broncho-pulmonary congestions, where the respiration difficult and short; especially inspiration is difficult, with pains of a piercing nature in the chest. Great dyspnoea, as if the chest could not be distended. Though oedema of the lungs has not been noted

in poisonings, yet œdema of the glottis has been observed after the iodide has been taken.

Kali Phosphoricum.—Lilienthal recommends it in acute œdema, with dyspnoea, spasmodic cough, with expectoration of frothy serous masses, lassitude and prostration.

Phosphorus.—Dyspnoea worse before midnight, with tightness of chest; noisy, panting breathing; chest feels full and heavy, with tension; expectorates cold mucus, tasting sour, salt or sweet.—(Lilienthal).

Gatchell (l. c.) advises the drug in acute pulmonary œdema in connection with pneumonia, or other diseases of the respiratory organs. He cites Kafka to the effect that the remedy here sometimes has a brilliant action. Baehr claims it to be possessed of extraordinary powers against pulmonary œdema. Dr. Puhmann ("Handbuch der Homœopathischen Praxis," Leipzig, 1894, p. 187,) also speaks highly of it.

Tartarus Emeticus.—Cyanosis, audible breathing, rattling, great dyspnoea, coarse rales, the bronchial tubes containing a great quantity of mucus, the patient in constant danger of suffocation. Œdema of the lungs occurring in the course of general dropsy, (Gatchell). He cites Hughes, who says that he more than once has seen the œdema subside entirely under the use of this medicine. This drug has an undoubted action upon the lungs. Burt quotes Wood to state that the effect of the drug appears to be upon the respiratory center, to cause a venous intense pulmonary congestion from failure of circulation and alteration of the blood itself. Burt presents as characteristic indications: "Cough when we have partial paralysis of the vagi; short, hoarse, weak, nearly suffocating breathing, with whistling noise; thorax expands with great difficulty; head thrown backward, with great anxiety and prostration, face livid and cold; forehead and sometimes the whole body covered with perspiration; pulse feeble and accelerated. Though we naturally regard the characteristic sputa as mucus, it might be indicated in a thin and watery expectoration. Puhmann (l. c.) regards it and phosphorus as the remedies in this state. Peculiarly enough the remedy which produces a pulmonary œdema *par excellence*, muscarine, has not been employed. Kobert (l. c.) mentions it. Post mortem the pulmonary œdema is found as a characteristic sign. The poison has the peculiarity of arresting the heart, from stimulation of the inhibitory nerves; profuse sweating, dyspnoea, a pallid and cyanotic appearance of the face, delirium, prostration with diarrhoea and vomiting, have been noted. From subcutaneous injection of 1-3 mgms., Kobert (l. c.) states the following symptoms to have been observed: profuse salivation, rush of blood to the head, increase of the frequency of the pulse without consequent slowing, reddening of the face, vertigo, anxiety, sensation of suffocation, nausea, colic, disturbances of vision, profuse sweating, especially in the face and to a less degree over the body. Convulsions have also been noted.

Man is the only animal who drinks when he ain't dry.

CHOICE OF METHOD AND INDICATIONS FOR RADICAL OPERATION IN PUERPERAL SEPSIS. (ABSTRACT)*

BY LOUIS FRANK, M. D., LOUISVILLE, KY.,

Associate Professor of Obstetrics and Director in the Bacteriological Laboratory in the Kentucky School of Medicine; Obstetrician to the Kentucky School of Medicine Hospital; Gynecologist to the Louisville City Hospital, Etc., Louisville, Ky.

IN a paper read before a recent meeting of the Louisville Clinical Society, the author said he would not discuss the minor procedures, but confine his remarks to radical operations, by which he meant opening the peritoneal cavity, either for the purpose of irrigating or breaking up adhesions or for hysterectomy and operations through the vagina, either for the purpose of drainage or removal of the uterus.

When shall we resort to these severe operative measures? There is a time when they become clearly indicated. There is also a time, early in the history of many of these cases, when radical operations should be done, and in this class a decision is extremely difficult. Ask yourself the question, when shall the abdomen be opened in puerperal sepsis? When shall an hysterectomy be performed for a puerperal infected uterus? I know of no operation which the surgeon should consider so carefully as the removal of the uterus following childbirth. There is a time when it must be done, and when the indication is very clear. When this becomes so, our patient is usually in an extremely septic state; the infection has reached its maximum; vitality is very low, and the chances of a successful operation are correspondingly diminished. It is a grave matter to remove the uterus before we are absolutely assured of its necessity; still, beyond question, it sometimes becomes necessary, and should be done early. There may not be tubal disease, the infection may be confined alone to the uterus. Infection often extends into the uterine muscularis through the lymphatics; there may be foci of pus in the walls of the uterus itself or sub-peritoneally; there may be a large area undergoing septic degeneration which has begun in the lining membrane of the uterus, which it is impossible to remove by any minor operation. Such a case I have recently seen. After a thorough curetting there was no amelioration of the symptoms, and while there was no demonstrated lesion in the broad ligaments or the tubes after the uterus was removed, there was a large infected area where the tissue was extremely soft—clearly the result of a septic infection at the site of the placenta, which, with the fetus, had been expelled as the result of an abortion.

We find that these uteri, which should be removed, undergo involution very slowly; they remain large, tender to the touch, usually soft, having a boggy feel upon bi-manual examina-

*This original paper was published in full in the *American Medico-Surgical Bulletin*, New York, Vol. IX. No. 9, 1896. The discussion which follows has never appeared in print.

tion; the patient's temperature continues above the normal; there are rigors or chilly sensations; distension of the abdomen or slight tympanites—all the symptoms of a sepsis, which we know from the local manifestations, arises from the uterus. It is assumed that we have already resorted to our minor procedures—irrigation, peroxide of hydrogen and other antiseptics locally, etc., still the woman grows progressively worse. If radical measures are not carried out in this stage, the disease will soon extend beyond the uterus, infecting the peritoneal cavity, but by early operation the woman has a good chance of recovery.

In such a case I should consider the indication one for a radical operation. There are also others. We have palpable lesions of the tubes and ovaries, following rapidly upon childbirth—an acute pyosalpinx, if you choose, the result of puerperal infection. Tubal trouble may arise very rapidly after childbirth, and so in like manner may pelvic abscesses. Both of these clearly indicate surgical interference.

As to the manner of operating: The dexterity of the surgeon and his operative ability necessarily play a part. There is a certain class of these cases which unquestionably are better treated by the sub-pubic method; others are best treated by the abdominal method. Each operation has its indications. We should weigh the condition carefully, and then determine which plan of procedure is the better. There is no question in my mind that the abdominal incision is preferable in a certain class of these cases. In dealing with abscesses in the broad ligament, which do not extend out of the pelvis, the better plan is to incise them through the vagina, breaking up all loculi, opening every abscess, irrigating thoroughly, and draining. If there is merely an induration at one or both sides of the uterus, if the formation of pus has not been absolutely demonstrated, though we may believe it to be present, the vaginal method is by far superior; for if no pus is found, the simple fact of an incision with drainage by gauze will cause a rapid improvement.

Conservative surgery may do much in these cases, and the vaginal operation done early is conservative surgery. I believe that many pus tubes could be prevented; that much damage by long-continued inflammatory processes in the pelvis, following childbirth, could be avoided, if the vaginal operation was early carried out and gauze drainage resorted to. The operation of vaginal incision is also in a certain measure an exploratory operation. Very often it is almost, if not quite, impossible to say that we have a pyosalpinx. If we have opened the abdomen and find no pus, if we find no disease of the tube, we have endangered our patient to no good. The tubes may seem somewhat inflamed and thickened, but we cannot positively demonstrate even then that they contain pus, and to remove them would destroy the child-bearing function of the woman. On the other hand, if an incision has been made through the vaginal wall, and the ovaries and tubes palpated, they may be left or may be incised, should it be thought they contain pus, but they need not be removed. Ab-

scesses of the broad ligament, or peri-uterine abscesses we can much more easily approach through the vagina. There is no danger of soiling the peritoneum, and the danger of operative infection is markedly lessened. We do not open the peritoneal cavity at all, but freely incise and drain as we would abscesses elsewhere in the body. If the pus sacs extend high up in the abdomen it is then better to approach them by means of the abdominal incision, and even if we find only one abscess cavity it can be drained through the incision without danger of peritoneal infection, or we can make a counter-opening in the most dependent portion and drain through the vagina. In this latter class of cases, the advantage of the high operation is that often there may be pus sacs within the peritoneal cavity itself, formed by adhesions between the coils of intestines, confining the pus, as it were, in the peritoneal sac. These abscess sacs cannot possibly be broken up except from above.

In case of a septic uterus I believe that the vaginal hysterectomy is to be preferred, because it is not necessary to leave a pedicle, it is not necessary to drag septic tissue through the peritoneal cavity; we have a natural method of drainage, and the operation is just as easily and, if anything, more quickly done.

I would advise the use of clamps. In a gangrenous uterus, however, the result of puerperal infection, it is questionable whether we should operate from below with clamps. The surrounding tissues are usually so rotten that it is impossible to make the clamp hold. These cases may usually be recognized by the extreme friability of the cervical tissue. Intestinal adhesions and portions of infected tubes or infected tissue are frequently left behind after vaginal hysterectomy, but the results are nevertheless better than by the abdominal method. The operation in many instances is very tedious, and the work may to a large extent be done practically in the dark; still, when we consider the greater chance of infection by removing the uterus from above, doing a total enucleation, and the dangers and prolonged convalescence which follow a partial hysterectomy, either treating the stump extra-peritoneally or intra-peritoneally, there can be no question as to which method is preferable.

One other indication I failed to mention, *i. e.*, purulent puerperal peritonitis. In purulent peritonitis, the result of puerperal infection, the abdomen should be opened from above. While, as a rule, these cases are fatal, they should be given the chance. Thorough irrigation, breaking up all adhesions, drainage through the abdomen, and also through the vagina, as indicated, should be the rule.

In those cases where the lesion is palpable, where, by bi-manual examination, evidences of gross pathological change can be demonstrated, it is easy to decide what to do. I recently reported a case in which I was almost sure an hysterectomy would be necessary, but operation was deferred, and the patient made a complete recovery. We should give our patients every possible chance, keeping them under close observation,

and so long as there is any improvement whatsoever, or they do not lose ground, unless there is absolute evidence of disease of the adnexæ, or of the surrounding structures which cannot be removed otherwise than by surgical means, I should delay operation in the hope that it might be entirely avoided, as it was in the case mentioned. Many of these patients do not completely recover, but if the condition left after the infection has run its course is not such as to endanger the woman's life or destroy her usefulness to society, I believe she should not be operated upon. Some do recover permanently, and even if they do not, in many cases, operation may be deferred for some time, thus giving them a far better chance of recovery.

REMARKS.

Dr. W. H. Wathen: The important question in connection with the subject of surgical treatment of puerperal sepsis is the preventive means. At Baltimore last year, Dr. Henrotin and I called attention to this fact in papers read before the American Gynecological Society. Where the septic infection has caused exudations in one or both broad ligaments, or where septic matter has been carried through the lymphatics to the peritoneal covering of the uterus, invading the peritoneal structures of the pelvis, before pus has formed, we may, after opening the vaginal wall behind the uterus, and exposing infected areas, by irrigation and drainage with iodoform gauze, prevent the formation of pus or further extension of the septic infection. Just how far we will succeed in this preventive treatment future experience must prove. Of course you all know that I advocate the vaginal method of treatment where infection is confined to the uterus or to the pelvic structures. I should never consent to an abdominal operation where there is bilateral disease of the adnexæ, for the reason that in these cases the uterus should always be removed, because if left it is a useless organ and may cause not only immediate but subsequent trouble; it may be more easily removed and with less danger through the vagina, and the woman will recover more speedily and with fewer subsequent complications.

In regard to operation for diffuse suppurative septic peritonitis: I do not think it justifiable, because there is no record of a case that has recovered. We are not always able to diagnose diffuse suppurative pelvic peritonitis, and I have several times thought I was treating such cases, but the patients recovered without any operation. I wish to emphasize that there is hardly a case of puerperal sepsis where I would operate from above. I do not care if pelvic abscesses extend up to the umbilicus; in these instances you can drain them more successfully from below, and more easily prevent infection of the peritoneum, and can remove the tubes and ovaries when necessary. You can remove them in these cases as readily by the low operation as you can from above, because if the abscess extends up to or in the region of the umbilicus, it is no longer a tubal or tubo-ovarian abscess, but is an abscess that has become encysted in the peritoneum, caused

by leakage of pus and infection of the pelvic peritoneum, which has been shut off by a layer of intestines above matted together, and which ought not to be separated if it is possible to relieve the patient without doing so. By the low operation you do not separate these adhesions; you drain the case perfectly, the woman recovers and has no further trouble from the pelvic adhesions, because these layers of intestines do not interfere with the passage of gas or feces. If you operate from above you separate these adhesions, and if the pus is virulent you probably kill your patient; or if death does not result, the intestines again become adherent and you have a condition following the operation far worse than before the adhesions were separated. Any one who has had much experience in laparotomy work knows how frequently we find cases where the intestines are matted together in a mass of adhesions, sometimes involving the entire bowel.

Dr. J. G. Sherrill: I have recently had two cases of septic infection from abortion and labor. In one of them a double operation was performed for removal of the uterine appendages. There was great difficulty in getting a ligature to hold at the uterine end of the tubes, on account of the exceedingly friable nature of the structures. In this case I believe the uterus should have been removed.

The most important question, it seems to me, is not whether we shall adopt the abdominal or the vaginal method, but whether or not we shall remove the uterus in these cases. The question is positively decided, of course, where the uterus is plainly septic. In such cases the uterus should be removed along with the appendages; if you take out the appendages and leave the uterus, also the stumps of the Fallopian tubes, it is likely to presume that the uterus will remain septic and the woman will have further trouble. Besides this, as has been stated by a previous speaker, after removal of both appendages the uterus is a useless organ.

I agree with Dr. Wathen in the statement that removal by the vaginal method in these septic conditions is undoubtedly preferable to the abdominal operation. I have thought also that a combined method might be indicated in these cases; it would facilitate a more speedy removal of the diseased structures. What I mean by a combined operation is an incision from above, opening the abdominal cavity, which allows a free separation of the uterus from the bladder, etc.; also opening the vagina, and then clamp forceps may be applied to the broad ligaments by means of visual inspection from above. In removing the structures from below, aided by an incision through the abdominal walls, allowing free inspection, we may be certain that all diseased tissues are removed. I think this would give the best method for drainage, and be the most rapid and effectual means of operating. I take it that Dr. Frank has rather overestimated the advantage of simple incision of the vaginal wall, packing and drainage. If there are diseased structures in the pelvis, I fail to see how relief can be obtained

by simply making an opening through the vagina; I cannot see how opening the pelvic cavity through the vagina would relieve inflammation or a septic condition of either the tubes or ovaries. If such a condition exists, it would very likely be necessary to remove the septic structures. However, when you open the posterior vaginal wall you can readily palpate either the tubes or ovaries, and in this way determine the amount of disease present, and also decide what further operative measures are indicated. Recently I had occasion to open an old abscess through the vagina, the woman two years previously having had an attack of tubal trouble, an abscess rupturing into the rectum. I deemed it better to operate per vaginam, because the woman had already suffered from long-standing inflammatory processes about the pelvis, and adhesions resulting therefrom would necessarily prolong the operation if the abdominal method were employed. This patient is at present in better health than she has been for several years. If the caurette and thorough irrigation do not reduce fever, and the symptoms of sepsis continue, then I believe that an immediate removal of both the uterus and appendages should be done through the vagina. Henrotin urges as one of his claims for this operation that the woman does not appreciate the enormity of the procedure, and is not therefore depressed, and that wounds made through the vagina heal more readily on this account, because the woman does not suffer from the depression that naturally results from so large an operation. Moreover, he claims that the vaginal method is preferable, because no visible scar is left and the patient does not realize the real extent of the operation.

Dr. A. M. Cartledge: The question of operative measures for puerperal sepsis is one that is agitating the minds of thinking abdominal and pelvic surgeons all over the country. It has only been sixteen months since the entire number of hysterectomies in the class of cases Dr. Frank describes that had been performed, was nineteen, that is, only nineteen cases had been reported up to that time. I suppose within the last twelve months the operated cases will number a hundred. I think that Dr. Frank has reference to a little different class of cases from those spoken of by the gentlemen who have discussed his paper. In the class of cases evidently referred to in the paper it becomes one of the most difficult problems to determine the positive indications and time for operative interference. We have all seen parturient women suffer from puerperal sepsis, the so-called puerperal fever. The labor in all respects may have been normal, but in a few days the woman develops abdominal swelling, tenderness, temperature probably reaching 103° Fahr. in the evening; we prescribe saline purgatives, employ antiseptic irrigations, and the woman gets well. In such cases many physicians with large experience would think that we were advocating too radical measures if we suggested hysterectomy, when they have seen numbers of cases recover under such a plan of treatment. These cases are puerperal sepsis in a mild form, some

perhaps starting out in a violent way, but finally getting well. The class of cases that Dr. Frank refers to in his paper are those which last a week, two weeks, four and even fifteen weeks. When should we step in and by a hysterectomy remove the septic tissues? It is a very difficult question to decide.

To begin with, I think we should very carefully study the pathology of these cases; I am quite sure until recently we have been wrong. Most abdominal surgeons have been erroneous in their ideas as to the causation of puerperal sepsis. We dwelt to such an extent upon inflammation of the tubes, salpingitis, pyosalpinx, etc., from puerperal sepsis and gonorrhœa, that our attention became fixed upon this part of the anatomy, and we were looking after large pus tubes from every form of infection. As a matter of fact, puerperal fever, as seen by physicians, cases which develop on the third, fourth or fifth day a high pulse, delirium, swelling of the abdomen, the clinical picture which goes with puerperal fever, many cases coming on as late as seven days after delivery, is a sepsis confined to the uterus. And it is my positive opinion from some experience in these cases that infection is primarily in the cervical region, and that it almost always begins in a cervical tear at this point, spreading thence by continuity of structure to the uterine tissue itself. Infection, beginning as it does low down in the cervix, may extend to the deeper portions through the lymphatics, or to the glands just upon either side of the cervix proper in the lower pelvic space, giving rise to septic adenitis or periadenitis, the so-called pelvic cellulitis. I believe in cases such as Dr. Frank describes, that in fully 90 per cent. the pathological lesion will be one of low pelvic abscess, constituting a septic cervicitis or septic metritis. This is very important, bearing upon what course we shall adopt if operative treatment is necessary. We should carefully study the early history of these cases, especially as regards the mode of infection. We may have a septic metritis, and this is the pathology of nearly every case of puerperal fever; or a septic endometritis, or a septic cervicitis. Now when shall we step in and operate, removing this septic uterus; what shall be the method of selection, and what proportion of cases will recover?

Dr. Frank did not dwell quite long enough upon the usual methods of treatment—I refer to curettage, uterine drainage, etc. There is no doubt in my mind that nearly all the women that are lost from puerperal fever—puerperal sepsis—are the result of physicians, surgeons and specialists failing to recognize the importance of early preventive treatment according to the measures already indicated. We should see that proper drainage and irrigation are instituted, instead of giving directions to the nurse to use a douche; by this means I believe we could save a great many cases as a result of direct extension from the original cervical infection. Instead of ordering a douche the woman should be put upon the table and the uterine cavity thoroughly irrigated with an antiseptic solution, then a tubular drain should be carried into the uterus, not relying upon

gauze. We should use for this purpose a firm rubber drainage tube as large as the index finger, with thick walls to insure against collapse of its walls. The cervix will contract and compress gauze so that it is impossible to secure drainage in this way. In irrigating the uterine cavity we should use two to five gallons of water, adding peroxide of hydrogen or other antiseptic agents. If an abscess be found about the cervix it should be opened freely and packed with gauze. After following out this line of treatment faithfully for a few days, if the temperature continues high, the chances are septic infection has spread through the lymphatics to the deep uterine tissue and peritoneum, and more radical measures are indicated. I have some specimens removed from two cases of puerperal sepsis operated upon, being large sub-peritoneal uterine abscesses, which look very much like fibroid tumors. In both cases preventive treatment was faithfully carried out, but this failed to arrest the progress of the disease. Hysterectomy was finally resorted to, resulting in one death and one recovery. In the first case I operated in the twelfth week of the disease; patient a primipara, forceps delivery.

She was in profound sepsis at the time of the operation, and died eighteen days later, the blood having become so charged with septic products that pyæmic metastatic abscesses developed all over the body. In the second case operation was performed in the fifth week, and the patient recovered. One operation was done by the combined abdominal and vaginal route, and the other by abdominal hysterectomy; but with my experience in these cases I am inclined to agree with Dr. Frank that the vaginal method is preferable in the vast majority of cases, especially where there is not extensive involvement of the tubes and ovaries.

Dr. Louis Frank (closing): While thanking the gentlemen for their kind discussion, I must say that Dr. Cartledge is the only one who has adhered to the text.

In reply to the other two gentlemen I will say that you know my position in regard to preventive treatment, for I am sure that practically all cases of puerperal sepsis are preventable. Further, you all know I am an advocate of early curettage and drainage of the uterus itself. In my paper before the State Society my views were fully expressed. The cases under discussion are not of this class, but are those in which all minor procedures have failed, and where, unless something is done, death is inevitable. As my friend Dr. Cartledge says, these cases are not early ones, but as a rule infection has existed for some time. Weeks, or even months, may have elapsed since the initial infection, the patient never, however, recovering, growing worse, until eventually radical procedure must be resorted to.

On the fence of a Western ranch is pasted the following: "If any man's or woman's cow or horse breaks through this fence and destroys the grain, his or her tail will be cut off, as the case may be. I'm a Christian man, but d—n any one that lets their critters run loose o' nights."

METROPOLITAN HOSPITAL, BLACKWELL'S ISLAND; GENITO-URINARY WARD.

DR. BUCK G. CARLETON, VISITING SURGEON.

Reported by Baylis H. Earle, M. D., House Surgeon.

C. D. G., admitted May 27, 1896; age, fifty-seven; England, single, butcher. Diagnosis: Simple annular strictures of anterior urethra, inodular strictures of deep urethra and cystitis.

Heredity, negative; habits, intemperate; had gone to excess in sexual indulgence since early youth.

Previous history: Had first attack of gonorrhœa at sixteen years of age, and had repeated attacks after until thirty-fifth year. No treatment. Had not had acute gonorrhœa since thirty-fifth year, although frequently exposed to it, but had experienced great difficulty and much pain in urination, especially after catching cold or drinking heavily. On later occasions had to use considerable force to pass even a small stream.

Present history: Had been drinking and contracted a cold just previous to admission, and in consequence experiences great difficulty and pain on micturition. Has a gleety discharge and increased frequency of urination, and at times retention with involuntary dribbling. Has hemorrhoids as a result of the constant straining. Is nervous, peevish and irritable, and is much emaciated. Suffers from anorexia, indigestion and constipation. Heart and lungs appear normal. Urinalysis: Specific gravity, 1.016; color, amber; reaction, neutral; chemical examination, negative; microscopical examination shows pus, triple phosphates and bladder epithelium. On examination with bougies, urethra is found to be almost impermeable down to triangular ligament, because of numerous successive annular strictures of small calibre extending from meatus to this point, and impermeable beyond this point, because of inodular strictures of membranous portion.

Treatment: Given boric acid, grains v., t. i. d., for its antiseptic effects on the urine, and nuxvomica, ix, tablet morning and evening, for the general condition.

May 29th: Given Rochelle salts, 3i, at 5:00 A.M. In afternoon, patient prepared for operation by shaving pubes and surrounding parts, scrubbing with green soap, and washing off with bichloride solution (1-3000). Limbs and abdomen were then covered with towels wrung out in bichloride solution (1-3000) and urethra thoroughly syringed with a saturated solution of boric acid, after which it was injected with 3i of a sterilized 4 per cent. solution of cocaine, etc., the meatus held closed for five minutes. At the same time patient was given spirits frumenti, 3 ss, to guard against the nervous phenomena which sometimes follows the use of cocaine. The meatus was then enlarged by means of a blunt-pointed bistoury to size 28 French, after which sheath of Maison-veuve urethrotome was introduced down to triangular ligament and medium sized blade passed in on its full length and withdrawn, cutting urethra to size 25 French. There was little

hemorrhage and patient suffered no pain. The meatus was then sealed with flexible collodion to prevent further hemorrhage and patient carried to his bed.

June 1st: Patient has remained in bed since operation, and has passed a larger stream than formerly and less frequently, and with but slight increase of pain. Sounds, sizes 18 to 20 French, passed as far as triangular ligament, the first causing some pain, but not even a filiform can be passed beyond this.

June 17th: Patient has remained in bed and same remedies have been continued. Sounds have been passed every third day as far as triangular ligament, increasing a size each time, and he now takes 25 French without difficulty, but the deep urethra is still impermeable.

June 18th: Given magnes. sulph., 3i, at 5 A. M., and an ounce in the forenoon. Perineum and surrounding parts then shaved, thoroughly scrubbed with green soap, washed with bichloride solution (1-3000), and bandaged with sterilized dressings wrung out in same. In the afternoon, his heart, lungs and kidneys being normal, patient was placed under the influence of ether. He was then placed in the lithotomy position by means of a Clover's crutch and the perineum again thoroughly scrubbed with green soap and then washed off with carbolic solution (1-200), bichloride solution (1-3000), pure alcohol and again with bichloride solution (1-3000). Patient's limbs and abdomen were then covered with sterilized towels wrung out in bichloride solution (1-3000), leaving only the penis, scrotum and perineum bare. Wheelhouse's modification of perineal section was then performed by Dr. Bukk G. Carleton as follows: Wheelhouse's staff was introduced down to the triangular ligament, its grooved surface being against the floor of the urethra, and held by an assistant, so as to make the perineum tense. An incision, an inch and a half in length, was then made through skin and superficial fascia exactly in median line of perineum and down to within half an inch of the anus. The surgeon then felt for the groove of the staff and cut into it, thus opening the urethra in front of the stricture. The sides of the canal (the mucous surface of which is easily recognized) were now held apart with forceps and the part still further exposed by turning out the blunt hook of the staff through the wound, thus drawing the urethra forwards. After some difficulty Arnott's grooved director was introduced through the stricture, the mouth of which was brought into view. The difficulty experienced was due to the very tortuous course of the membranous portion of the urethra, caused by inodular strictures, but under the skillful and experienced hands of Dr. Carleton it was soon overcome. Gourley's beaked bistoury was next passed in on the director and the strictures cut on the roof of the canal. Teale's gorgette was then introduced on the director and in turn a rubber catheter, full size, on it. The bladder was thoroughly irrigated through this by means of an Ultzmanus hand syringe, with Thiersch's solution, until it returned pure, the urine drawn off at first being thick, cloudy, very

offensive, and filled with shreds of whitish matter. There was little hemorrhage, three small arteries needing to be tied. The catheter was left in and the wound washed out with bichloride solution (1-4000) and packed around the catheter with sterilized iodoform gauze, wrung out in the same. An antiseptic dressing was then placed over all, and held in place by a T-bandage, the catheter depending through an opening in the latter, and being secured by a safety-pin passing through it and the dressings. The patient was then returned to his bed and the catheter connected by means of a short glass tube with several feet of rubber tubing, the end of which was immersed in several ounces of carbolic acid solution (1-20) in the bottom of a large bottle placed beneath the bed. By this arrangement the urine may be continually siphoned from the bladder. The whole operation took about half an hour, and the patient reacted quickly and well from the ether. The operation was done under the strictest antiseptic precautions, the doctors and assistants wearing sterilized gowns, and having their nails, fingers, hands and arms thoroughly cleansed by scrubbing with green soap and washing in bichloride solution (1-4000), and the instruments and dressings being sterilized and the former placed in hot carbolic solution (1-20) which was then diluted up to 1-40 and just before the operation to 1-80.

June 19th: Patient feels perfectly well to-day. Is hungry and thirsty. Temperature, 99°. Dressings removed and wound found in clean condition. Bladder washed out with Thiersch's solution and wound dressed in the same manner as yesterday. Urine is still ammoniacal. To be attended to in this way daily. Given salol, grs. v., t. i. d., instead of boric acid for the urine, and silica 30, for the general condition. Nux vomica ix. discontinued.

June 27th: Patient is doing well and is beginning to pass urine through penis. Kept in bed and same treatment continued.

July 1st: Patient still kept in bed, and dressed daily as before. Passes urine almost entirely through penis now. Urine normal in quality and quantity. Passed sound, size 26 French, into bladder without difficulty. Catheter removed permanently, and an aseptic pad placed over wound, which is almost closed. This is to be changed after each micturition. Sounds to be passed every third day. Bladder to be flushed with Thiersch's solution through penis daily.

July 14th: Feels quite strong again, has good appetite and sleeps well. Functions all normal. Passes urine through penis, perineal wound being entirely healed. Allowed to get up and walk about. Urethra allows free passage of sounds, size 28 French. Internal treatment continued. Bladder to be flushed once a week with Thiersch's solution.

August 5th: Discharged at own request, cured. Says he never felt better in his life.

A special laboratory for the study of diphtheria, under the direction of Prof. Flugg, has been opened in connection with the Laboratory of Hygiene in the University of Breslau.

THE ABSORPTION OF IRON PREPARATIONS.

It is a now generally accepted fact that inorganic iron preparations are practically worthless in blood therapeutics, while organic compounds exert varying effects in the ratio to their absorbability. The albuminate preparations have a certain degree of value, because they supply in loose combination the components from which the system can compound the required form of iron—just as it is abstracted from all food. This natural form of iron, as it is found in the tissues, and particularly in the liver—where it "comprises the reserve store for blood formation"—is ferratin, as substantiated by the studies of Schmiedeberg, Marfori and Filippi, and confirmed by other equally high authorities, including Prof. Chittenden of Yale.

These investigators have proved that ferratin is present in all human organisms; that it is absorbed from animal and vegetable food, and is stored principally in the liver—"to feed the blood." When, therefore, the physician treats his anæmic patient with carefully selected diet, exercise, hygienic measures, etc., he unconsciously enlists the aid of the digestive and other organs to manufacture the required ferratin from the food ingested; this is a laborious task, because the organs are weak, and it is empirical practice, because there is too much uncertainty in trusting to the debilitated system to work its own recovery, even if useless inorganic iron preparations are added.

Schmiedeberg and Marfori having proved the identity and function of ferratin by conclusive physiological tests, which facts are now incorporated in text-books and medical literature, proceeded to duplicate natural ferratin by a synthetic process, in order to make the product available for therapeutic use; they succeeded in combining tartrate of iron with albumen by a complicated chemical process, yielding an iron albuminic acid—of *ferratin*. This product is chemically and physically identical with the natural ferratin, as it can be precipitated from pigs' liver (containing the highest percentage of ferratin among animal food) or spinach (highest percentage among vegetables), and further physiological and clinical tests have proved that this product is quickly absorbed and assimilated, supplying the requisite amount of iron to the blood without taxing the system, and increasing the appetite and quickly stimulating the vital power.

There is nothing vague about the claims for ferratin. It is a logical scientific agent, designed on careful consecutive investigations by the highest international authorities; and it has clinically redeemed every promise made for it, by increasing blood corpuscles and hæmoglobin, improving appetite and general well being, and markedly increasing body weight.

"Sajous Annual," for 1895, quotes the unqualified clinical tests and endorsements of ferratin of such authorities (in addition to the authors of the product, Schmiedeberg and Marfori), as German Sée, Jaquet, Banholzer, John Harold and Hugo Wiener—the foremost therapeutists of Germany, Italy, France, England and Austria. In America, ferratin has been endorsed in print by Einhorn, of New York, Fackler, of Cincinnati, Chittenden, of New Haven, Perekhan, of Chicago, Spencer, of Cleveland, and verbally or in practice by hundreds of the foremost practitioners in all parts of the United States.

POPPIES TWO THOUSAND YEARS OLD.

The extraordinary resuscitating power of light received a very curious illustration a few years ago in the silver mines at Laurium. The mines had been abandoned more than 2,000 years ago as unworkable, and consisted for the most part of the "slag" produced by the workings of the miners.

An enterprising Briton discovered that the mines contained plenty of silver, which could easily be removed by the superior modern appliances.

He discovered, however, something far more valuable than the silver, viz., some poppies of a species which had disappeared for twenty centuries, the seeds of which had lain dormant beneath the slag for 2,000 years.

When the slag was removed to the furnace the next visit to the mine found the entire space covered with a most gorgeous show of poppies.

After their twenty centuries' rest they had bloomed as vigorously as ever, without the aid of a single drop of water or any restorative other than the rays of the sun.—*Answers.*

PAT'S CRITICISM.

There's a story that old,
But good if twice told,
Of a doctor of limited skill.
Who cured beast and man.
On a "new-fangled" plan,
With the help of a strangely made pill.

On his portal of pine
Hung an elegant sign
Depicting a beautiful rill,
And a lake where a sprite,
With apparent delight,
Was sporting in sweet dishabille.

Pat McCarty one day.
As he sauntered that way,
Stood and gazed at that portal of pine,
When the doctor with pride
Stepped up to his side,
Saying, "Pat, how's that for a sign?"

"There's wan thing," says Pat,
"Ye've left out o' that,
Which, be jabers, is quite a mistake;
It's trim and it's nate,
But to make it compleat
You should have a foiner burd on the lake."

"Ah! Indeed, pray then tell,
To make it look well,
What bird do you think it may lack?"
Says Pat, "Of the same,
I've forgotten the name,
But the song that he sang is 'Quack, quack!'"

Dr. Martin (*Phila. Polyclinic*) has been treating a number of cases of acute and chronic gonorrhœa by the administration of sodium copaibate. This drug possesses the alleged advantages of being non-irritating to the stomach and intestines, of passing through the kidneys without exciting congestion, of acting as powerfully upon the urethral mucous membrane as balsam of copaiba.

Because of these properties apparently it can be administered in much larger doses than the balsam. Five, 10, 15 and 20 grains are given four to six times a day, and so encapsulated that they are not set free until they reach the intestinal tract.

In a series of twenty cases there was no instance of gastro-intestinal derangement, in no instance was the odor of copaiba noticeable upon the breath, there was no case of back pain, and the discharge was more favorably modified than in a similar number of cases treated by the balsam.

It is a well-recognized fact that while the copaiba in ordinary doses causes only a moderate effect upon the course of the gonorrhœa, given in colossal doses it will often check it in a surprisingly short time. There are so few people who can take these colossal doses without gastric and renal derangements that the treatment is not practicable. Should an extended trial show that sodium copaibate possesses the advantages claimed for it, it will certainly prove the most valuable of all our internal anti-blennorrhagics.

"I never had anything the matter with me in my life except rheumatism," writes Chauncey M. Depew, "and I can bring that on any time by working too hard. You needn't have rheumatism, though, if you eat and drink right. Don't eat what you like, and what you want to drink let alone, and you'll never have it."

The New York Medical Times

A MONTHLY JOURNAL

OF

MEDICINE, SURGERY, AND COLLATERAL SCIENCES.

EDITORS:

ROBERT GUERNSEY, M.D.

ALFRED K. HILL, M.D.

Communications should be addressed, NEW YORK MEDICAL TIMES, 180 West Fifty-ninth Street, Central Park South. Published on the first of each month.

NEW YORK, OCTOBER, 1896.

REMOVAL.

The office of this Journal was removed, May 1st, to 180 West Fifty-ninth street, Central Park South.

Changes of standing advertisements and communications in regard to that department, should be addressed to BENJ. LILLARD, Advertising Manager, 108 Fulton St., N.Y.

CLINICAL UROLOGY IN INFANCY AND CHILDHOOD.

A CAREFUL study of the urine has given us the key-note to many conditions of the system which symptomatology failed to impress upon the mind. Abnormal conditions of the urine have often led to attributing to the kidneys the origin of troubles for which they were in no degree responsible, but their existence opened the door for a logical investigation of the real cause, at the same time pointing out to a certain extent the treatment.

Thomas Willis discovered sugar in diabetic urine in 1670, and thereby differentiated between what before was classed as one disease, diabetes mellitus and diabetes insipidus. It was not, however, until a comparatively recent date that it was discovered that diabetes was in no sense a disease of the kidneys, but owed its origin to a disturbance of other organs, and in its earlier stages can now be classed among the curable diseases. The presence of serum in the urine was first noticed in the eighteenth century by Cotrigno and Cruikshanks, but it had no marked significance until Richard Bright, in 1827, noticed that it was so often connected with disease of the kidney as to constitute a pathognomonic sign. Thus a new disease was discovered, linking the name of the discoverer to immortality by attaching it to the disease, which was hereafter to be known as Bright's Disease of the kidneys.

With the new disease came, in its early infancy, grave mistakes in diagnosis and in correct

analysis of urine, which were not corrected until the microscope led to a more correct pathological condition and the excretions of the kidneys were more carefully analyzed. Bright mistook for albumin the deposits of phosphates, which so often occur in nervous people, resembling albumin in their white flocculent condition, when subjected to heat; they were speedily dissolved under the action of acid, and were entirely unconnected with nephritic trouble, but simply a waste of nerve force, to be remedied by rest and nerve nutrition.

The careful study of the urine, in which the knife, the microscope and chemical agents have each played an important part, has, during the last few years, cast a clearer light upon the nature of the constituents of the urine, and the peculiar character of the disease which they indicate. We are learning that not every deviation from normal urine points to disease of the kidneys, and that there are some normal constituents whose origin is unknown, but which may be of importance when the future investigator has revealed their real character.

The presence of albumin in the urine for a long time pointed to nephritic disease, and was one of the first and considered almost an unerring symptom of Bright's disease. We know now that the presence of albumin in small quantities is often the result of indigestion, of various kinds of food, and is by itself by no means considered as pointing with certainty to a condition of the kidneys generally diagnosed as Bright's disease. Albumin in large or smaller quantities can almost always be found in the urine of infants up to five or ten days old.

A very important feature in the study of urine, and one which has been too much neglected, is the variations in urine, both in health and disease, as associated with the different periods of life. A very valuable addition to our information upon the subject has recently been given to the public in an essay by Dr. Farraday Fegueria, of Rio de Janeiro, under the head of "Urology in Infancy and Childhood," in which he deals with the symptomatology of the urine in infancy and childhood, and demonstrates conclusively the importance of possessing a more exact knowledge of the variations of urine depending upon age.

In the infant and the child the kidneys are of much greater relative importance than in the adult, and yet the attention of the physician is so much less frequently called to it than its diagnostic value demands. The greater relative importance is clearly shown by a comparison of the ratio which the weight of the two kidneys bear to the weight of the whole body in the child

and the adult. In the child, at birth, the kidneys form more than one per cent. of the body-weight; the percentage steadily falls as the child grows, until the adult has ten times less the amount of kidney substance, weight for weight, than the infant. The preponderance of kidney substance in the young child is to be explained by the rapid and extreme embolism that takes place in its early age, in connection with its rapid growth. But it is not simply a matter of the necessity for the excretion of more urine, for though the child at birth takes in twenty-four hours twice as much nitrogen per kilogramme of body-weight as the adult, yet it excretes only one-sixth part, although approximately the same amount of oxygen is absorbed.

The urine of the infant is nearly neutral, the alkaline more likely to slightly predominate. Acidity, however slight it may be, in the early days of the child, leads us to suspect a defect in the alimentary system.

Diazo-reaction is constant in measles, in typhoid fever and in millary tuberculosis. In measles it nearly always precedes the eruptive fever from twenty-four to eighteen hours, and differentiates this disease from rotheln, in which it is never present. The diazo-reaction is absent when bronchitis passes into a catarrhal pneumonia, but afterward it appears suddenly very markedly, and continues until death. This is also the case with millary tuberculosis of the lungs, in which it has a diagnostic value.

Indican has been often described as a constituent of urine, but its presence in the urine of children was described about six years ago as an important factor in the diagnosis of infantile tuberculosis; it was said even to be pathognomonic.

If this view could have been substantiated it would have been of immense importance. The consensus of opinion, however, at the present time, is that in the majority of cases it is merely a disturbance of pancreatic digestion, and that it has no value as an indication of the presence of tuberculosis. Though it is constantly present in tuberculosis of children it is also present in a great many other disorders, and the only explanation we can reach at present is that it is the result of that profound disturbance of general nutrition which forms so prominent a feature in tuberculosis, and is generally present in any disease where that lack of nutrition exists.

In conclusion, we would like to impress upon the mind of the young physician what the experience of the veteran in the profession has already taught him, the importance in the treatment of

children of the closest scrutiny of the excretions from the bowels and the kidneys.

THE INSANE COMMISSION.

THE King is dead! Long live the King! How short the interval between death and birth, the laying down of the sceptre of power, to be caught up on the instant, was illustrated at the Lotus Club the other night, when the funeral baked meats and the birthday feast followed so close upon each other as to actually mingle in the same hall and at the same table. The last strains of the funeral dirge died and faded away only to rise in more triumphant waves upon "See the Conquering Hero Comes," as Dr. Carlos McDonald relinquished the sceptre of power which he had wielded with such marked ability as President of the State Lunacy Commission to Dr. Wise, the former Superintendent of St. Lawrence State Insane Hospital, the new President of the Commission. The occasion was a memorable one, made venerable and dignified by the presence of all the superintendents of State hospitals in New York, and distinguished guests who had gathered to strew the grave of the dead President with flowers, and bind a wreath bright and fragrant around the brows of the "Wise" who was in future to wield the scepter. As our reporter looked upon the calm and placid features of Dr. McDonald, so full of dignity and sweetness, he could not help but exclaim: "If this is death, what a beautiful corpse. On the calm face of death smiles and roses are blended, and beauty immortal awakes from the tomb." One look at the new President was sufficient to show he was born with his teeth cut, and that the name by which he was baptized was a wise one. We say baptized, for no corks ever popped louder, and no more royal wine was ever quaffed by peer or king than that which flowed in great sparkling bumpers down the throats of all the alienists as they welcomed their new king.

IS THERE LIFE IN THE MOON?

RECENT observations of astronomers lead us to conclude that what has been pictured to us as a frozen world, with neither atmosphere, water, animal or vegetable life, but a dead world from which life has long since departed, may have been a hasty conclusion based upon insufficient data. The large telescope of the Lick Observatory has revealed by the slight twilight the probability that an atmosphere does exist in the moon, but of so attenuated a character that it is 200 times thinner than our own. But a still stronger

evidence of atmosphere is seen in the dark band appearing between Jupiter and the moon's limb where the former begins to be covered by the latter, and for which no other explanation has been found than that it is a very light haze partly due to water vapor, which would rise a few miles above the moon's surface where it is illuminated by the rays of the sun. That there are traces of river beds there can be no doubt, but as yet no water has been observed in them. The better we become acquainted with our satellite the more convincing is the evidence that not only life exists there, as shown in the atmosphere and the water, but that the life finds expression in plants of some sort periodically growing in the deep valleys, and possibly to still higher forms of life, represented by animals and human beings. The data which are every year accumulating are sufficiently strong to give the moon a place, not among the dead, but the living.

ROENTGEN RAY IN CANCER.

M. DESPEIGNES gives the result in the *Lyons Medical* of his treatment of cancer of the stomach with the Roentgen rays. The treatment he thinks ameliorated the general condition and prolonged the patient's life for two weeks, absolutely suppressing the pain over the tumor and notably diminishing the volume. In this connection it is well to use caution in applying the ray, as Dr. Gage notices several cases of severe erythema which have followed its use. In one case a lesion over the part of a sloughing character was produced, which did not yield readily to treatment. It has been noticed also that when applied for any length of time to the head the hair at that place is likely to come out, leaving a bald spot. Like any other powerful agent the X-ray should only be used when it is hoped to obtain positive benefits. The photographs taken by the ray have been so simplified that only a short exposure is now necessary.

OXYGENATED CHLOROFORM.

A RECENT operation at the Hahnemann Hospital was performed under the influence of oxygenated chloroform with entire success, where, owing to the nephritic and cardiac condition both chloroform and ether were contra-indicated. The patient was a female, aged forty-five years, very anæmic and emaciated, with a marked mitral murmur. The microscope showed granular casts, blood, pus, pelvic epithelium, crystals of oxylate of lime, and triple phosphates. It

was evident that death could not be long delayed unless an operation for the removal of the right kidney was speedily performed, that it could not be performed without an anæsthetic, and that in her condition the administration of ether or chloroform would be followed by fatal results. In this emergency, oxygenated chloroform, which, since its first introduction to the profession, has been a favorite anæsthetic at the hospital, was administered by Dr. Schall, the resident physician, and the operation performed in two hours, without the slightest unpleasant result, and followed by only slight evidence of shock. Before the operation the pulse was 114; respiration, 32; pulse during operation less rapid and fuller in volume. Time to anæsthetize, two minutes. The recovery was rapid and uneventful. Without the oxygenated chloroform the operation could not have been performed, and speedy death would have been certain.

WATER.

SOME of our ablest bacteriologists, including Steinberg and Abbott, have claimed that waters obtained from deep wells of the kind known as driven wells, were comparatively free from bacteria, and could be depended upon for their purity. The recent report of the bacteriologist of the Massachusetts State Board of Health shows this conclusion to be erroneous. From an examination of a large number of springs and deep wells this officer has found that water in the populous districts, in which the examinations have been made, obtained from even the deepest wells, is, as a general thing, not free from bacteria, many of the samples containing as numerous bacteria as are found in surface waters. Fortunately, very many of these bacteria are not only entirely harmless, but even play an important part in the vitality of healthy water. Those bacteria prejudicial to health can easily be detected by chemical agents and the microscope.

PHTHIRIA.

THE French Academy of Science has just appointed a committee of eminent experts to examine and report upon Dr. Francisque Crotte's treatment for consumptives, with which it is said remarkable results have been obtained. The treatment is simple, and there is nothing radically new about it. It consists merely in the use of a strong antiseptic, which is assisted in its action by a mild form of electricity. The agent Dr. Crotte employs is formaldehyde, better known as for-

mol. This is administered in gaseous form by inhalation, and ordinary static electricity is passed through the chest.

The treatment was suggested to Dr. Crotte by the fact that post-mortems have many times shown that Nature itself sometimes cures tuberculosis in its early stages. The tell-tale scars in the lung tissue have been found in persons who at some time in their lives had suffered from incipient consumption without knowing it. Dr. Crotte therefore attempted to find some agent which would assist Nature in the process of cure.

He tried formol because it was first used very successfully for the preservation of meat. It is now largely employed in therapeutics.

Dr. Crotte has been testing for some months his cure among the poor of Paris, whom he has treated gratuitously at his laboratory. He has administered his remedy in more than 800 cases of phthisis, nearly all, he says, which had been given up by other physicians. He does not pretend to restore tissue which has been already destroyed by tuberculosis; but in 600 cases he affirms that the advance of the disease has not only been stopped, but a practical cure has been effected.

THE SNAKES OF DELIRIUM TREMENS.

IT is said that 95 per cent. of visual hallucination in delirium tremens consist of snakes or worms, in one form or another. Dr. Davis has been investigating the subject in the alcoholic wards of Bellevue Hospital with the ophthalmoscope, and has brought out some interesting facts. In every one of the sixteen cases examined, the blood vessels of the retina were found to be abnormal. Instead of being pale and almost invisible, as in their ordinary condition, they were dark, almost black, with congested blood. The blood vessels of the retina, which are so small and semi-transparent in health that they are not projected into the field of vision, assume such a prominence that they are projected into the field of vision and their movements seem like the twisting of snakes. Of course, with a brain half paralyzed or partially excited, the active circulatory condition of the fundus of the eye may assume to the diseased imagination almost any form.

UNIVERSITY OF MICHIGAN.

THE law authorizing the removal of the Homœopathic Department of the Medical College from Ann Arbor has been found by the Supreme Court unconstitutional. This has led to the reorganization of the college. Dr. W. Dewey,

formerly of this city, has been appointed to the Chair of Materia Medica, Homœopathic Therapeutics and Diseases of the Nervous System, and Clinic in Nervous Diseases. All the medical departments of the college take their anatomy, physiology, bacteriological and other laboratory work together.

METROPOLITAN HOSPITAL.—The facilities which the wards of this great city hospital offer for clinical instruction are not surpassed by any in the city. Clinical lectures are held every Wednesday afternoon, which are freely open to the advanced student and the general profession. The abundance of clinical material may be estimated from the fact that more than 8,000 patients pass through its wards every year, including almost every variety of diseases except the contagious, which are not admitted. Last year surgical operations numbered over 800, which included every variety of operation the surgeon is called upon to perform in general practice. The bacteriological and microscopic departments are under the care of men who are familiar with the most advanced methods of prosecuting this work.

THE Vienna *Medicinishe Wochenschrift* of July 18th contains an interesting article on the hygienic reforms and sanitary regulations introduced in Bosnia and Herzegovina by two female physicians during the past three years. In 1895 the Government appointed for this purpose two women, Dr. Krayevska and Dr. Keck, at a salary of 1,600 florins, (\$740) each, hoping thereby to promote the health of the Mohammedans, who constitute about 35 per cent. of the population. The aversion of the Mohammedan women to medical treatment by men had hitherto been so strong as to render it almost impossible to apply remedies for their personal infirmities or to enforce sanitary ordinances in their dwellings. It is well-known that the prevalence of anæmia among Mohammedan women is due in part to the lack of bodily exercise in the open air, and still more perhaps, to the exceedingly imperfect ventilation of their houses. Also, the custom of nursing their children for several years is highly injurious to themselves and to their offspring. The patients numbered 1,258 in 1893, 1,382 in 1894, and 1,517 in 1895, and consisted chiefly of the wives and children of merchants, mechanics, peasants, and Government officials. By their tact and professional skill Drs. Krayevska and Keck have won the confidence of the Mohammedans and already succeeded in

alleviating much unnecessary suffering and in reducing considerably the percentage of mortality. The inspection of the houses is now attended with no difficulty, and the general health of the inmates has been greatly improved. The poor are treated gratuitously, and regular reports embodying statements and suggestions are sent to the Government. The two physicians are liable at any time to be sent on sanitary missions to remote districts or assigned to duty in the hospitals. We may add that they were appointed as the result of a competitive examination, and that all candidates for such positions must submit to the same ordeal. Recently a female dentist, Emilie Edel, of Vienna, has begun to practice her profession at Mostar, the capital of Herzegovina.

THE brilliant and statesmanlike appeal of Dr. Timothy Field Allen, of this city, sent broadcast over the State, that every Homœopath in the State should vote for Roswell P. Flower for Governor, because he was a Homœopath, has been caught up by an enthusiastic Presbyterian in Nebraska, who urges every Presbyterian in the United States to vote for William Jennings Bryan for President of the United States because he is a member in good and regular standing of the Presbyterian Church. Roswell P. Flower was elected Governor, but how much the appeal of his family physician, Dr. Timothy Field Allen, contributed to his success, will probably never be revealed.

A CODE OF ETHICS.—The London *Times* does not approve of the suggestion of a new code of ethics to be issued under the auspices of the British Medical Association, and very sensibly says: "Professional ethics cannot be put into a written code. They are essentially unwritten, but none the less distinctly understood by every one who is sufficient of a gentleman to warrant his being admitted into a profession which should be a profession of gentlemen. They are essentially unwritten. To write them would be to spoil them. They are like the aroma of some flowers—an aroma which when concentrated becomes offensive."

SCABIES.—As a remedy for scabies in children, Dr. Monti, of Vienna, employed the balsam of copaiba in twenty-seven instances, and in each case effected a complete cure. Each child was first washed with soap and water and then rubbed all over twice a day with the balsam. No other application was made. He found the itch could not live in the balsam beyond two or three hours.

TUBERCULAR MENINGITIS.—Dr. Jacobi says the best general preventive treatment of infants and children with a predisposition to tubercular meningitis, rendered probable by hereditary taint and by suspicious symptoms, consist in the regulation of the diet and hygiene; animal food mostly, daily cool or cold bathing, with vigorous friction, open windows, exercise, cod liver oil during the cool and cold months, arsenic in regular small doses, and pure guaiacol for many months in succession.

ON Monday, October 5th, 1896, city Civil Service Boards will hold a competitive examination at their offices (new Criminal Court Building) for the position of House Physician at Bellevue Hospital. This position requires a knowledge of the treatment of the insane, and pays a salary of \$1,200 per annum. Citizens of the United States, residents of New York State, may present applications to Mr. S. William Briscoe, Secretary.

ACNE.—The latest researches into the etiology of this most disagreeable trouble shows it to be a local rather than a constitutional trouble, and as it is due to a parasite it can only be controlled by the local treatment which will destroy the parasite. It is usually necessary to puncture the acne with a proper instrument, and then apply just a local irritant to kill the parasites, followed by some soothing application.

ABORTION.—Dr. Dührssen produces abortion by packing the uterus cavity with iodoform gauze, and fills the vagina with salicylate wadding. In a few hours the pains begin and in a few hours cease. On removing the wadding the contents of the womb are generally found in the vagina.

MALARIA IN CHILDREN.—Dr. Moncorvo says in cases where a child's stomach will not tolerate quinine he has found excellent results from alcoholic extract of the leaves and blossoms of the sunflower, in doses of 1-6 grain in twenty-four hours.

RESORCIN will be found an efficient remedy in those forms of diarrhoea where an antiseptic is required, and as an ointment, thirty to forty grains to the ounce in ring worm, scaberrhea, particularly of the scalp, and all the class of parasites affecting the skin.

THE friends of Virchow, the great German pathologist, are making extensive arrangements to celebrate his seventy-fifth birthday on October 13th.

DIABETES.—To remove the thirst moisten the tongue with five or six drops of a solution of a half grain of pilocarpine in twenty drops of alcohol and a drachm of water.

BIBLIOGRAPHICAL.

LEA BROTHERS & CO. have in press "A Treatise on Obstetrics," by Edward P. Davis, A.M., M.D., Professor of Obstetrics, etc., in the Philadelphia Polyclinic.

Prof. Davis' new work, we are told, will afford students and practitioners a concise yet comprehensive guide to the whole art of obstetrics in its most modern development. The author is widely known as a teacher, writer and obstetrician of unsurpassed ability. His thorough acquaintance with foreign literature has enabled him to place at the command of his readers the best material derivable from the vast sources of obstetrical knowledge in the Old World, and his own ripe experience and metropolitan facilities have been equally well utilized in the preparation of the volume at hand. A marked and attractive feature will be found in the exceptionally rich series of engravings, among them being a large number of photographic reproductions of obstetrical scenes, carefully selected in view of the amount, vividness and permanence of the knowledge which can be so well conveyed in no other way. The book will likewise be embellished with a number of most instructive colored plates. It will be found more comprehensive than ordinary treatises, as it deals with those cognate subjects best handled in close connection with their obstetrical precedents, such as the repair of lacerations and injuries, the care of the mother, of the infant, jurisprudence of midwifery, etc. A foremost place is confidently anticipated for it both as a text-book and as a work of reference for practical use.

The same publishers have also in press "A Practical Treatise on Medical Diagnosis," by John H. Musser, M.D., University of Pennsylvania.

Prof. Musser's work has easily achieved the foremost place as a full and systematic treatise on the practical side of its most important subject, a fact rendered clear by the prompt exhaustion of the first edition. The author has taken advantage of this opportunity to give his work a thorough revision and to incorporate in it a full account of all trustworthy advances that have been made in its department, one of the most progressive in medicine. Every page will show evidence of revision, and the work will be enlarged not only in text, but also in illustration, by the addition of numerous handsome engravings in black and many full-page plates in colors. The position of "Musser's Diagnosis" is assured as the leading text-book for students and equally the best reliance of the physician.

AN AMERICAN TEXT-BOOK OF APPLIED THERAPEUTICS, for the Use of Practitioners and Students. Edited by J. C. Wilson, M.D., of the Jefferson Medical College, Assisted by Augustus A. Eshner, M.D., of the Philadelphia Polyclinic. Philadelphia: W. B. Saunders, 1896.

The arrangement of the book has been based, so far as has been possible, upon modern pathological doctrines, beginning with the intoxications, and following with the infectious diseases due to internal animal parasites, diseases of undetermined origin, and finally the disorders of the several bodily systems—digestive, respiratory, circulatory, renal, nervous, cutaneous, and also the disorders of pregnancy. We are glad to see the author has adopted the clinical and practical method of presenting the subject, indicating the course of treatment to be pursued at the bedside rather than to name a list of drugs which have been used with more or less benefit. The contributors are all Americans, with the exception of two, and the subjects discussed from the American standpoint of modern pathology and applied therapeutics, into which

have been incorporated the best thoughts of the scientific world.

The article on malaria, by Prof. A. Lavarán, who first discovered the malarial parasite and advanced the theory of its action in producing malarial trouble, and that by Dr. Rake, whose uncompleted work on leprosy has attracted world-wide attention among scientists, are the only two articles by foreign authors in the book. These articles are of such vast importance in their originality and in the clearness of their statements that the editors have been fortunate in obtaining them for this volume. We have only words of strong commendation for the entire work.

A MANUAL OF CLINICAL DIAGNOSIS BY MICROSCOPICAL AND CHEMICAL METHODS. For Students, Hospital Physicians and Practitioners. By Charles E. Simon, M.D., Late Assistant Resident Physician Johns Hopkins Hospital, Baltimore. In one very handsome octavo volume of 504 pages, with 132 engravings and ten full-page colored plates. Cloth, \$3.50. Lea Brothers & Co., Philadelphia and New York: 1896.

The application of chemical and microscopical methods in the determination of disease is authoritatively and clearly explained in this volume. Dr. Simon has had the advantage of acquaintance with the best methods developed in European clinics and laboratories, and to this he has added the experience gained in private practice and in one of the largest and most advanced American hospitals. Readers of this work will find complete and thoroughly practical explanations of the diagnostic indications which can be obtained from the blood, secretions of the mouth, the gastric juice and contents, the feces, the nasal secretion, the sputum, the urine, transudates and exudates, cystic contents, meningeal fluid, semen, vaginal discharges, and the mammary secretion, so plainly set forth that the practitioner or student who has not had special training in such manipulations may nevertheless be enabled to obtain satisfactory results. The work is abundantly illustrated with engravings and full-page plates in colors.

PRACTICAL DIAGNOSIS. The Use of Symptoms in the Diagnosis of Disease. By Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia; Laureate of the Medical Society of London; of the Royal Academy in Belgium, etc. In one octavo volume of 566 pages, with 191 engravings and thirteen full-page colored plates. Cloth, \$4.75. Lea Brothers & Co., Philadelphia and New York. 1896.

Prof. Hare has struck a new line in book making, by simply following out the line usually adopted in clinical teaching by discussing first the symptoms used in diagnosis, thus leading up by natural steps to the positive conditions and the disease itself. Thus instead of describing locomotor ataxia or myelitis he starts with the feet and legs, considering carefully each symptom, and speedily reaches a differential diagnosis between the same form of trouble which would be likely to affect the legs and feet. An index of diseases refers to the various symptoms which constitute its clinical picture. Conversely, the index of symptoms, organs and terms furnish a ready reference list of the various diseases in which any given symptoms may appear as a feature. The work, like everything which proceeds from the pen of Prof. Hare, is full of practical information, showing ripe judgment in its preparation.

VETERINARY HOMOEOPATHY IN ITS APPLICATION TO THE HORSE, including a Code of Common Suggestive Symptoms. By John Sutcliffe Hurdall, Member of the Royal College of Veterinary Surgeons, England. Boericke & Tafel: Philadelphia, 1896.

The author has aimed to furnish in clear and concise language information which will enable those in charge of horses to diagnose to a certain extent their condition, and apply the remedy. The author is writing for the people, and to make it comparatively easy for them to discover

the ailment he has prepared a list of suggestive symptoms, indicating the diseases in which these symptoms occur, and pointing to the proper treatment. This plan will be found of material help to those not familiar with the anatomy or physiology. The work is prepared with marked intelligence, and will prove of great value to every owner of a horse.

A MANUAL OF CLINICAL DIAGNOSIS BY MEANS OF THE MICROSCOPE AND CHEMICAL METHODS. By Charles E. Simon, M. D. With 132 illustrations on wood, and ten colored plates. Lea Bros. & Co., 1896.

The subject matter covers the examination of the blood, the secretions of the mouth, the gastric juice, feces, nasal secretions, sputa, urine, transudates, exudates, cystic contents, semen, vaginal discharges and milk. In every case a description of normal material precedes the pathological considerations, which latter in turn are followed by an account of the methods used in examination; chemical and microscopical methods are described in detail, so that the student and practitioner who have not had special training in such manipulations will be enabled to obtain satisfactory results. The increased accuracy in medical diagnosis, in which chemical reagents and the microscope play such an important part, renders a work like this an absolute necessity in the physician's office. As in the various forms of fever, for instance, so much depends upon a correct diagnosis in treatment, and it is often so difficult to differentiate between the various types by ordinary symptoms; here the microscope comes in and with almost unerring certainty.

TREATISE ON SPERMATORRHEA, IMPOTENCE AND STERILITY. By William Harvey King, M.D. New York: A. L. Chatterton, 1897.

The diseases enumerated in this book are treated from a neurological standpoint, the author giving good reasons for, a belief in which many of our best thinkers fully share, that they are mostly of a neurological type, and that the remedy in most cases is to be looked for in hygiene and a careful study of the materia medica rather than the knife. The work is evidently the production of a careful student and an accomplished scholar, the text being clear, well expressed and logical, and the remedies suggested, especially the hygienic measures, excellent.

GEN. HORACE PORTER, whose article on "Campaigning with Grant" will be published in the *Century* the coming year, owed his position on Grant's staff to the latter's steadfastness of purpose. Gen. Porter, then a captain in the artillery branch of the service, was introduced to Grant at Chattanooga in 1863. The commanding officer saw in the young artilleryman one who could be of service to him, so he asked Gen. Halleck to assign Porter to his staff. Capt. Porter, who was the son of the Governor of Pennsylvania, had been graduated third in his class at West Point, and his brilliant service in the field had brought him an appointment in the Ordnance Department at Washington. Gen. Halleck refused to make the transfer, and even appeals to Secretary Stanton by both Grant and Porter were of no avail against Department red tape. It was not until Gen. Grant was placed in supreme command of the army that he succeeded in carrying out his purpose, and Porter was made one of his aides. From that time until the close of his first term as President, no man was closer to Gen. Grant than Gen. Porter.

MARION CRAWFORD has written a new story especially for *The Century*. It is called "A Rose of Yesterday," and will commence in the November number and run for six months. The story opens in Lucerne, and while it is entirely separate in interest, some of the personages that appear in it will be familiar to readers of "Don Orsino." It is wholly romantic in its character, and in point of literary ability quite equal to anything which has appeared from the pen of the gifted author.

THE fact may not be familiar to members of the profession out of the city that the New York Hospital Library, in Sixteenth street near Fifth avenue, is the largest, with the exception of that in Washington, of any in the United States. The library and reading rooms are open, free to all, and are rich in every department of medical literature. The Library of the Academy of Medicine, in Forty-third street near Fifth avenue, is also free to the profession.

THE eleventh edition of Mr. Charles Marchand's book on the therapeutical uses of his "peroxide of hydrogen, hydrozone, glycozone and eye balsam" has been received. It is exhaustive of the subject, and covers 216 pages. Our readers may receive complimentary copies upon application and mention of this journal.

CORRESPONDENCE.

TYPICAL "HOMŒOPATHY."

The "similimum" of the Homœopathic physician has been described as an elastic bag into which one can cram anything, and it is the purpose of this paper to inquire if many a true thing is not spoken in jest. To that end I shall present a report of a case that was accepted without one word of protest by the American Institute of Homœopathy at its last session. I shall cite the printed report of this case from a copy that was obtained from an attendant at that session, so that my reader will have "the original Jacob" to judge.

PROGRESSIVE MUSCULAR ATROPHY, PRONOUNCED INCURABLE BY EMINENT NEUROLOGISTS, EXAMINED, TREATED AND CURED BY HOMŒOPATHY.

A young married woman who is a good comrade to her husband, an athlete, has been in the habit of entering into all his out-of-door sports, golf, hunting, shooting, and, especially during the past summer, swimming (long distances), complained of pains in her right shoulder, which increased until her arm became helpless; the muscles about the shoulder and right side, chest and back wasted, so that the whole region became perceptibly emaciated, the sub-clavicular region especially sunken; the shoulder drooped, and if the arm were permitted to hang down the head of the humerus would actually slip out of its socket, often causing extra pain in the axilla and shoulder; it became impossible to put her hand to her head, so that she could not put up her own hair, nor could she dress herself. The wasting and powerlessness involved at last the whole shoulder region of the right side of the body, pectoral, scapular, and axillary regions, and the arm, as far as the elbow. Soon the trouble invaded the forearm, and began to show itself also in the right hip and thigh. Eminent specialists were consulted, electricity, galvanism, massage and many other injurious expedients were recommended and tried with steady decline, and the husband was told that the disease could not be and had never been arrested. Finally, after the recovery of the husband's mother (in the house of an Allopathic physician, who was her son-in-law) from pneumonia, complicating chronic interstitial nephritis, the husband of my patient, who had been informed by the attending and consulting Allopathic physicians that his mother could not recover, appealed in despair to me to try Homœopathic treatment for his wife. The symptoms of the case were as follows: 1. Pain in the right shoulder extending from the top down the arm to below the elbow. This pain was a constant, dull ache, becoming, on motion, a sharp, shooting; the pain was worse at night, in the wind, in the cold, on uncovering and when lying on the right or painful side. There was a feeling of powerlessness. (She could not raise the arm to the head, nor could she dress herself.)

How is a remedy to be selected? No cases, cured, are on record, so that clinical data are wanting. No drug has been known to produce such a condition, in its pathology (if there be any satisfactory pathology known); the etiol-

ogy is obscure; only the symptoms can come to the rescue.

On January 4th a prescription was made. January 22d: The record states decided improvement, very little pain, can now lie on the right side with comfort, which for months she has been unable to do. February 15th: Continued gain; the shoulder does not any more slip out of joint, as formerly; she is a trifle fleshier now over the right pectoral and shoulder regions. February 28th: Can dress herself—a great gain, naturally noticeable in the household economy; the arm gets tired only after use, but not immediately after; is growing perceptibly stouter. March 2d: Complains of drawing pain in the front of the right hip and thigh; finds it difficult to go up stairs on account of this pain, which has been getting worse for a week past; the whole right leg feels heavy and weak.

Calcarea Carb.—This prescription was effective at once as to the lower extremity, but it was followed by aching in the forearms and palms of the hands after any attempt to use the hands or arms, with occasional pains about the elbow. Return to the first remedy.

March 30th: Great improvement; uses both arms freely now without pain, no pain at night, is able to lie on the right side without any discomfort.

Since that time there has been no return of the former troubles; an occasional disturbance of digestion, due, apparently, to inability to exercise as much as she has been accustomed to, has required a corrective, but lately the lady has resumed, cautiously, her active life out of doors, and is rejoicing in her renewed health, and is able to wear her evening dresses with grace and satisfaction.

Symptom-Analysis: 1. Region of shoulder. 2. Right upper extremity. 3. General weakness. 4. Aggravation from lying on the right side. 5. Aggravation from lying on the painful side. 6. Aggravation at night. 7. Aggravation after becoming cold. 8. Aggravation in the wind. 9. Aggravation from uncovering.

The above points cover essentially the totality of the symptoms. Noting the value of the remedies, on a scale of four (Boenninghausen method), under each point (values estimated by the provings, reinforced by clinical experience), we find as follows: *Nux. vom.*, 30; *phosphorus*, 20; *silica*, 28; *bryonia*, 27; *pulsatilla*, 26; *mercurius*, 25, etc.

These furnish a list for study and comparison. My first impression was to give *nux vom.* first, especially in view of the stimulating, Allopathic treatment, electricity, galvanism, massage, tonics, etc., but a little study convinced me of the greater similarity of *phosphorus*, especially as the mental state of my patient was not at all similar to that of *nux vomica*; accordingly, I prescribed *phosphorus* in the seventh centess potency, doses repeated three times a day for three days, after which only an occasional dose was prescribed, except when suspended to administer three doses of *calcarea carb.* for the manifestations of the trouble in the right hip and thigh.

In regard to my failure to report in connection with the above narrative the results of various tests of sensation, motion and the general reactions, I can only say that such tests in no way affected my selection of the remedy, for none of the provings have noted them, and the diagnosis made by the specialists included all of them and probably more, which served to establish their diagnosis (and prognosis), but left them wholly in the dark as to the proper treatment. The point here made is that the totality of the symptoms and not the diagnosis, in this case, at least, sufficed to cure.

The above report is not submitted as a rhetorical *tour de maître*, although its author sports "LL. D." as a literary appendix *vermiformis* to his name; nor is our LL. D. an Irishman, as might be rashly inferred from a "diagnosis," or a "totality of the symptoms" sufficing to cure a disease.

But it is the elastic bag—the totality of the symptoms—that we are to consider in the specimen brick that a professor of materia medica offers to a national medical society.

So far as relates to the knowledge which a physician, to say nothing of a medical professor, should possess, and so far as relates to the application of the teachings of Hah-

mann's Organon are concerned, the above "cure" is only a pitiful "fluke;" a happy one for that patient, of course, but nevertheless a "fluke," and only that.

As a true Homœopath he should have included the mental symptoms in his "Symptom-Analysis." Why he terms a complex an "analysis" we need not stop to inquire. It appears to be, for him, a synonym for "totality of the symptoms," but it is neither in name or in fact.

He also omits the sensory element of the case from his "totality." The constant, dull ache, becoming a sharp, shooting pain on motion, would not have been ignored by Hahnemann. Moreover, this Homœopathic professor of materia medica includes the modalities of position, time, temperature, but magisterially excludes the aggravation "on motion." This important element would not have escaped Hahnemann. Here, then, are three absolute elements of the totality left out by a teacher! As if there were a choice in filling the elastic bag!

But the sins of omission do not end here; there is the emaciation of the affected parts, and also the laxity of muscle that allowed the head of the humerus to slip out of its socket. Why are these not included? Boenninghausen's "Repertory" contains a special rubric for each of these disease elements. Why does a professor of Homœopathic materia medica, at his own sweet will, ignore both the totality and the "Repertory"? It is, indeed, a "nasty" question, but a sanitarian like myself doesn't mind that "when duty calls"; no, sir, I am not built that way!

But, and worse yet in a professor, why does our "guide, philosopher and friend" entirely overlook the significant fatty degeneration that was present? Alas! Boenninghausen's "Repertory" has no rubric for that, nor has the pathological fact yet fructified our professor's anterior lobes.

We can pity the "fix" of our poor totality professor in regard to the dull, aching and the sharp, shooting pain, for these are not in Boenninghausen, from which it would appear that it is Boenninghausen's "Repertory," and not Hahnemann's "Materia Medica" that affords his "totality."

Thus far, the professor's elastic bag is noteworthy for what he arbitrarily excludes from it; but let us turn to what he crams in. Here is a rag labeled "General weakness." How he deduces this condition from his own report of the case is a poser. It must have been evolved from his inner consciousness. True, in Boenninghausen's "Repertory" "weakness" appears; but how our professor gets weakness of the special parts denoted in his report is not apparent. Is it not an elastic adaptation, because in Boenninghausen's "Repertory" under that rubric *phosphorus* appears as *Phos*?

If our professor had opened the very "Boenninghausen" that he edited, he would have found, on p. 157, "Emaciation." And, lo! there stand both *phosphorus* and *nitric acid* in large caps.—*PHOS*, *NIT. AC.* Turning again to p. 195, he would have found the same two remedies wearing the same typographical large caps. Now suppose that both *nitric acid* and *phosphorus* had stood at that hypothetical "30" in this case, I will ask the professor of materia medica why he should in that instance give *phosphorus* and not *nitric acid*? "'Tis sweet to be remembered," and I will leave him my little conundrum to that end.

This professor of rheumatic rhetoric writes: "I first thought I would give *nux vomica* first." That sentence resembles an amphisbena, in that it is alike at both ends; but what a creature for a professor of materia medica to beget! One could admire his capacity for "alternate generation" indefinitely were it not that he appears even funnier in another aspect—namely, a professor of materia medica deciding to give *phosphorus* rather than *nux vomica* in a case of progressive muscular atrophy from the mental symptoms! This might do for a green graduate who cannot "differentiate" between the dot over an *i* and a flyspeck; but for a professor and a professor of materia medica at that?

"Who would not weep if Atticus were he!"

But the explanation is at hand, for you will remember this professor asks "if there be any satisfactory pathology

known" of progressive muscular atrophy. Of course he means *pathological anatomy*, but you must not expect him to say what he means, or, more than half the time, to mean what he says.

Now let us aid this Homœopathic Samson by putting the pillars of Philistine Allopathy within his grasp. One pillar, my dear blind professor, is that in the tenth of Dr. Fox's "Lectures on the Pathological Anatomy of the Nervous Centers"—it begins at p. 266—you can find the "pathology" of progressive muscular atrophy. If this twenty-four-year-old book doesn't suit you, please turn to Dr. Buck's "Reference Handbook of the Medical Sciences," Vol. VI., p. 572. There you will learn what an essential part of "the totality of the symptoms" fatty degeneration of the muscles is in progressive muscular atrophy.

The other pillar, my much admired professor, is that a teacher of *materia medica* should know that phosphorus produces fatty degeneration of the muscles; that, sir, is what the *emaciation* and the *weakness* in your case mean. Now pull at the pillars and then get yourself cremated, for such carrion should not be allowed to taint the air of a medical college.

Alas! that a gray-haired Homœopathic physician should be obliged to say to the American Institute of Homœopathy: "Such be thy gods!"

Query for non-Homœopathic readers: Brethren of the older school, does not the internal evidence of this case show that progressive muscular atrophy is verily curable by internal medication? Forget the "school," think only of suffering humanity before you reply. Think, too, of the slender thread that was the Ariadne clue to the cure. If by it such results are reached, and by even such a caricature upon the physician, what might it not accomplish in hands that would not put trash into the elastic bag of the "similimum?"

S. A. JONES.

Ann Arbor, Sept. 8th.

CITY AND COUNTRY DOCTORS.

To the Editors of the NEW YORK MEDICAL TIMES:

In the issue of July 18th of the *Medical and Surgical Reporter*, of Philadelphia, I find an editorial styled: "Peripatetic Professors and the Schools for the Profits." One of the legitimate functions of the editor of a public journal is to "catch folly as it flies, and hold the mirror up to Nature," and certainly, in the present instance, the editor in question has caught a folly very effectively, and as effectively held it up and reflected it in the mirror of Nature and of truth. The purport of the editorial article is to put in full evidence "the manœuvres of that class of city physicians who are desirous of building up a consulting practice among their professional brethren who are located in some country town." In the first place I would say to the editor of the *Reporter* that to undertake to record the "manœuvres" of the profession in the efforts to secure practice, whether legitimately or illegitimately, would be like attempting to count the individual pieces of a stratum of mosaic that would cover Broadway, New York, from end to end, or his own favorite promenade, Chestnut street, Philadelphia. To his citation of manœuvres, he adds: "There is ground for both compassion and a certain sort of indignation also in watching the country practitioner and his attitude to the same city brother. The place where the performance, in all its absurdity, can be best seen, is at the meeting of some suburban medical society." Can the editor wonder that the city physician, especially he of "peripatetic piratic stamp" who is intent upon securing "consulting practice," should eagerly appropriate and avail himself of the very pliant subserviency of the "country practitioner," who is willing to "crook the pregnant hinges of the knee, that thrift may follow fawning?" Fact is, the crooking is a mutual professional barter and trade business, and mayhap, in many instances, a shifting of professional responsibility from country shoulders to city shoulders, and in this respect the rural man certainly does "hold himself cheaply," and betrays, not only humiliating subserviency, but a timorous want of self-respect and confidence

that is sure to go along with ignorance, and the lack of professional education and acquirement. Again, says our editor: "What if he—the country practitioner—has not connected his name with some institution for pauperizing the public, as a hospital, or with a college, whose main *raison d'être* seems to be the self-advancement and aggrandizement of those connected with it." It seems very evident that the editor of the *Reporter* has never belonged to or had any personal or practical knowledge of the constituent elements of a faculty of a medical college, as nowadays constituted, or he would know that in the estimation of said elements, each one for himself, he carries within himself the consciousness of possessing the sum and substance of all wisdom and knowledge, and an aureole encircles his brow and sheds its light upon whoever may be so blest as to come within its beneficent rays. But, *per contra*, and "*haud inexpertus loquor*," if a man desires to add to his knowledge of human nature and its shortcomings, let him become a member of a faculty of a medical college, and he will soon be able to gauge the height and the depth, the length and the breadth, and every other measurement of the selfishness, the ignorance and conceit, the trickery and treachery and other debasing qualities that so often discredit and degrade the profession, and hold it up to public contumely and contempt. As one of the immeasurable examples of ignorance and conceit to be found among those holding high and exalted positions, at least in their own view, an instance may be cited of a distinguished surgeon—now among the majority—who, on one occasion, and before proceeding to the performance of an operation in a prominent hospital in this city, took the opportunity to "spread himself" and air his classics, and thus exhorted his pupils: "Take care," said he, "that you are devoted and diligent in your studies, so that the voice of the *vox populi* may speak favorably of you," and his look of supreme self-satisfaction, as he ripped and tore out a tumor of the antrum, was a spectacle for gods and men.

This little sketch may be taken as a true presentment of what our editor further signifies as "the so-called 'great' professors." His portraiture of "Dr. Bigwig from the city," as he "listens to the 'little talks' of the country doctors, with an air of calm superiority, benignly patronizes the papers that are read, and with an air of condescension impossible to fitly depict gives his comments thereon," is most admirably given and cannot be improved. It's to the life, and suggestive of Sangrado, Dr. Ollapod, and more modernly, of that immensely clever sketch by Charles Lever, of Charley O'Malley and his diagnosis of a "stay-at-home-with-us" steatomatous tumor, which everybody who has read it—and who hasn't?—must remember with renewed mirth and rib-tickling enjoyment. Our editor made another capital point in saying that: "The country doctor is the natural brake upon the profession. To his caution is due the fact that so many meretricious discoveries and inventions, at first exploited as the greatest of advances in medical science, find their true level, and often sink into oblivion." In this category may be reckoned also the horde of specialists and pretenders that prey upon the public and grow fat upon the pabulum of public credulity.

Let us turn over the stock in trade that "Dr. Bigwig, from the city," carries along with him when he goes upon one of his intermittent rural foraging expeditions, and see of what it really consists. He may have been somewhat in advance of his less ambitious and energetic confreres, and have read in some foreign journal of the wonderful efficacy of a new remedy for the alleviation and cure of one or more of the human ills that are the "opprobria" of the nosological record. He may be like our friend of "the voice of the *vox populi*," and have secured a veneered and spurious reputation as a surgeon or specialist in the use of roots and herbs, or mayhap the cure of phthisis with chopped beef, or ozone or some other gas—of which rejuvenating element he always has a liberal supply on hand—or, forsooth, hypnotism may lend its soothing and soporific aid, and he may put 'em to sleep—ay, and sometimes they don't wake up again! But then there comes the comfort of hearing from them on the

other side, and so his other function of spiritualism adds another boon to his afflicted patients, and they raise pious eyes heavenward and in rapt contemplation of his manifold powers, exclaim: "Thank God for the good and great doctor! What a man, to be sure!" What do we see to-day in attestation of the truth of this picture of human credulity and folly and of the "base uses" employed in the profession—disciples of Father Kneipp walking barefooted in the wet grass in Central Park the latest? It recalls the wearing of an amulet to keep off spooks, or carrying a horse chestnut in the breeches pocket to keep off rheumatism, or the blind faith in moonshine attenuations, and other puerilities of Homœopathic infinitesimalism. And yet "Dr. Bigwig, from the city," grows and flourishes in country towns, and the rural medico still crooks and fawns. But while the ignorant and superstitious may bend in humble and pious genuflection before the shin bone of a saint, there is no excuse for the self-abasement of the country doctor in his subservient adulation of Bigwig from the city. As our editor says: "He has access to the most advanced medical literature of the day in the pages of the medical journal, and has a line of practice that often in variety can compare with the cases brought before the staff of a hospital." May we remind our editorial friend just here of another of the numerous influences that affect and are felt not only by country physicians after they shall have embarked upon professional duty, but also by others living in cities? To many of both classes college influences, of a personal character, and other, continue in after life, and there is no more succulent nutriment for the growth and thrift of bigwiggery than a certain loyal sentimentalism towards *Alma Materdom*, and "my professor," and upon it, as it courses through its vasa chyli-fera, bigwiggery waxes sleek and strong and triumphant. True, the country doctor has access to the most advanced medical literature, etc., but does he always avail of it? Bigwiggery may be "a delusion and a snare," but it affords asylum and a refuge to those to whom medical literature is a sealed book and a constant reproach.

Our editor gives another most amusing and illustrative anecdote of bigwiggery of "the peripatetic piratic stamp": "At a meeting of a New England society some years ago, a paper upon consumption was read. Bigwig, from New York, was present. He was one of the above named stamp, and was diligent in impressing upon the country doctors that he was one of the best men to call in consultation when 'more light' was needed. The paper in question was a valuable one, dealing with the contagiousness of the disease, and with means for prolonging life with comfort to the patient and those in attendance. The criticism was that the essayist was behind the times, since lung diseases could be greatly benefited and even cured by the introduction of H₂S into the rectum three times daily, compelling the patient to hold the gas there for at least ten minutes. An arrangement of bottles, rubber tubing, etc., was shown, the gas was generated and instruction was given as to the method of operation, together with very large statements of 'cases' where remarkable improvement had been recorded. All the country doctors stood agape and asked questions until the visitor swelled with importance." But just then there came one of those climaxes that would have been cataclysmic to any other but to him of the peripatetic, piratic stamp, for, as related by our editor, "one dissenting brother, old in practice, was promptly frowned down for venturing the remark, *sotto voce*, that he thought just as good results could be obtained by feeding the patient on beans, and then corking up the vent for the gas to escape." Here's an instance of the piratic energy of "Bigwig from the city." In some foreign journal he first espied this idea, then new, now old and exploded, of the introduction of the gas into the rectum for the cure of consumption. He immediately packed up his bottles, and tubes, and squirts and things and other belongings, not forgetting the gas, which he stowed away in his head, where there was, no doubt, plenty of room for it, as cerebrine was scarce, and hid him away upon one of his aforesaid intermittent rural foraging expeditions, with the conviction of rural professional simplicity in his eye, and the scent of plun-

der in his nostrils, and with the pleasing consciousness that, like the schoolmaster in dear "Old Noll's" sweet story, it would be with him too that:

"Still the wonder grew
That one small head could carry all he knew."

So, then, the bean suggestion made by old hard-headed and common-sense rurality didn't "phase" him at all. Bless your soul! No, not a bit of it! Bigwig don't mind a little thing like that! His hide of self-conceit is as pachydermatous as that of the rhinoceros in Central Park, and as impenetrable as though a mosquito tried to get the other side of it. When he goes ruralizing, his phylactery, "I am Sir Oracle, and when I ope my mouth let no dog bark," emblazons his forehead, to be seen of all men, for he's from the city, and belongs to a college too, don't you know? He brings healing in his wings, for he's got gas, H₂S, and lots of it, too, and of other and various kinds, don't you know? You can scent him far and wide. He doesn't need beans to inflate him; he's as full as a tick always.

So does Dr. Ventose play his little game, and, as our editor wisely continues: "The same plan of humbuggery is practiced to-day, and the city man is received with as much deference as he was then. What if he has dropped all his first great discoveries, and is now advancing other theories? What if his airs of patronage are insufferable to some, etc." Thus far, I have followed the editor of the *Medical and Surgical Reporter* with full interest, and thorough approbation of his humiliating exposure of professional fraud and barefaced insolence. It is impossible to consider or to estimate such a character as this, such a blot upon the fair fame of the profession, seriously, or except "de haut en bas." While upon this subject of professional humbug and pretention, I would cite another form in which the creature flaunts himself, and that is as the traveled doctor, who has "done" the medical schools of Europe, and has returned full of H₂S and other vacuities, so far as any real or substantial benefit he may have derived from his sojourn abroad is concerned.

In this connection I am reminded of an argument I once held upon some subject, now forgotten, with a traveled party—he was not a doctor, however—in which to escape defeat, which seemed imminent, he took to water with the parting fling that might be called by the old saying "the refuge of the destitute," but which he no doubt thought would be a crusher. "But, doctor, I have traveled." "True," said I, "and so has your trunk." One of those wonderful old fellow-laureates, from Chaucer down to the marvelous Elizabethan Era to "rare Ben Jonson," and onward. John Dryden summed up this entity of the genus homo in words that scorch:

"How much the fool that has been sent to roam
Exceeds the fool that has been kept at home."

There is doubtless truth in the following from our editor that: "The majority of city practitioners are not of the peripatetic, piratic stamp. They attend the meetings of country societies with a sincere desire to benefit by the ideas of their confreres, are prepared to give and take in the highest sense of mental exchange, and one will not find these men assuming that they are only giving, but will acknowledge a failure, and even have been known to tell of losing a case." Our editor has certainly begun a wholesome expurgation of some of the unworthy practices that degrade the profession. There are others. It is to be hoped he'll go on weeding out and extirpating the tares that choke the healthy growth and successful husbandry of the field of professional honor and good repute. He is evidently amply able to undertake the good work, and it may be truly said of him that he is "a chiel amang ye, takin' notes." Let him continue to "tak' em," and "prent' em," too! JAMES A. CARMICHAEL.

2016 ARCH STREET,
PHILADELPHIA, Sept. 16, 1896.

My Dear Doctor: In your September number, page 277, you speak of opium poisoning and pons apoplexy. May I suggest that in a following article you mention as symptoms favoring apoplexy into the pons:

First few hours, when doubt alone possible, the temperature is below normal.

Involuntary discharges from bowels and bladder.

Face pale as a rule.

Often not accompanied by loss of unconsciousness.

Vide Oppenheim, page 499.

Perspiration either absent or by no means as extraordinary as in toxic. *ex usu opii*.

Cheyne-Stokes most frequent form of breathing.

Pupil not contracted at maximum.

To be sure, as soon as a few hours have passed no difficulty exists. Finally, in very few cases of this form of apoplexy are convulsions absent, and thus the diagnosis becomes easier still.

Cordially yours,

HUGO ENGEL.

SOCIETY REPORTS.

FRENCH MEDICAL SOCIETIES.

Passage of Microbes Through the Placenta.—It has been the accepted opinion that microbes never penetrate the placenta, and consequently that the mother could never directly infect the fetus. To-day the passage of microbes cannot be disputed, and this fact has been demonstrated beyond question by numerous experimenters. M. Chamberlin, of Bordeaux, injected pregnant rabbits with the microbes of chicken cholera, which he unmistakably found in the blood of the fetus. MM. Strauss and Chamberlin proved the transit of microbes through the placenta in their experiments upon the bacteria of charbon. M. Netter also demonstrated the passage of the pneumococcus through the placenta of the guinea pig. He also proved, by culture, the presence of the pneumococcus in the blood of the fetus of a pregnant woman dead of pneumonia. As regards the passage of Koch's bacillus through the placenta, opinions are divided. The experiments of MM. Landouzy, Martin, Bar and Renou have produced positive results. MM. Sanchez, Toledo, Vignal and Chamberlin have never succeeded in demonstrating the presence of the bacillus in the fetus of tuberculous women. The transit of this bacillus through the placenta is an undeniable fact, but it very seldom occurs, and is, in effect, a pathological rarity. The transmission of the streptococcus, staphylococcus and bacterium coli through the placenta has been demonstrated by MM. Chamberlin and Sabrazes.

Diagnosis and Treatment of Tic Douloureux of the Face and of Migraine.—"Hopital Cochin," Dr. Gilles de la Tourette: Facial neuralgia, or rather, tic douloureux of the face, is nothing more than neuralgia of the tri-facial nerve. This nerve springs from two roots—one motor, the other sensitive, the latter the seat of the tic douloureux. The painful points correspond to the points of peripheric emergence of each of the three sensory branches. The ophthalmic branch of Willis has three points, supra-orbital, palpebral and nasal. The superior maxillary has the infra-orbital, molar, dental and the palatine joint of Meglin, and lastly, the inferior maxillary division presents the temporo-maxillary, inferior dental, lingual and mental branches. Tic douloureux causes the most atrocious suffering, occurring most frequently by attacks of extreme intensity. The treatment of choice proposed by Trousseau and Charcot is opium in large doses. In migraine the bromide of potassium, or rather the three associated bromides in progressive doses, increasing and decreasing, often succeed.

Treatment of Pneumonia by Digitalis in Large Doses.—Hopital Broussais, Dr. Barth: Traube was the first to observe the efficiency of the treatment of pneumonia by digitalis. Stirtz recommended its use. Petresen, Fikl and Hoepfel have also successfully treated numerous cases of grave pneumonia by this remedy. The fever usually terminates gradually, rather than by sudden apyrexia, and convalescence is rapid. Recourse should be had to the digitalic treatment, in all cases of grave pneumonia, in which bathing is contra-indicated, especially in old and aged patients, whose circulation is feeble. It should be prescribed as follows: 1 grm., 50 centigram. to 3 grm. of

the powdered leaves in infusion, with 100 grms. of water, 25 of rum, and an equal quantity of syrup of orange peel, teaspoonful doses every two hours. Neither vomiting nor vertigo should cause alarm. Suspend the remedy only if the pulse should become enfeebled or irregular. Continue until subsidence of fever. Thanks to this method, patients recover without complication, who would otherwise certainly have succumbed to the disease.

ACADEMY OF MEDICINE.

The Plague and Anti-Plague Serum.—M. H. Monod: The French Consul at Canton confirmed the dispatches which he had addressed to the Minister of Foreign Affairs, in which he announced that Dr. Yersin had inoculated a Chinaman gravely afflicted with the plague with the anti-septic serum, and with absolute success. In this patient Dr. Yersin made three injections of the anti-plague serum, the first at 5 o'clock, the other two at 6 and 9 of the evening. Immediately after the injection the patient vomited alimentary and bilious matter, frequent symptoms in cases of plague. At 6 in the evening the general condition seemed improved. At 7:30 fever increased, with excitability, colic and slight diarrhoea. At 9 fever, very high, with wandering delirium and restless sleep. Punctures painful, notable amelioration, patient recovers consciousness, says he feels better, calm sleep subsequently. General improvement manifest, no more vertigo, less debility, fever abated, swellings less painful and diminished in volume. Patient pronounces himself cured, skin moist, fever disappeared, only trace of disease consists of two swellings the size of a bean; punctures still painful. Two days after all induration gone, patient recovered appetite and strength, and three days after the injection he could walk without much fatigue.

A Case of Spina Bifida.—M. Berger read a report of a case of this affection, which was addressed by M. Kirmisson. A child, three months old, had in the lumbar region a spina bifida, 3 centimetres in height, and 5 in breadth, pediculated and irreducible. M. Kirmisson diagnosed spinal meningocele and operated upon it with full success. The coverings of the tumor had the appearance of myomatous tissue. M. Berger observed that the analogy was purely external. They were composed of conjunctive tissue, the lamellae of which were infiltrated with serum, and not of veritable myxoma, a fact otherwise common. On the other hand, on making a minute anatomical investigation of the tumor, M. Küss found that section at the top of the pedicle revealed a spherical protrusion of medullary tissue, adherent to the coverings of the tumor by a vascular layer, in which it was easy to recognize the pia mater. This protuberance of medullary tissue manifestly belonged to the posterior cords, which demonstrated the absence of paralysis caused by the section, and the presence in the portion excised of a posterior rachidian branch, with its accompanying ganglion. The center of the medullary tissue presented a prolongation of the canal of the ependyma, which was continuous with the cyst contained in the tumor by a cord formed of ependymal cells that were easily recognized. The cyst itself presented a covering of cylindrical cells, indicating by their form and their disposition that this cavity was nothing more than a diverticulum from the central canal of the medulla. On discussing the anatomical nature of this fact, M. Berger refuses to see in it an example of myelocoele properly called, and, in despite of its unusual characteristics, he classes it among the myelocystoceles. According to him, it consists of a cystic dilatation of the canal of the ependyma, which has become enucleated from the posterior cords and separated from the central canal of the medulla by the obliteration of its pedicle. This observation proves that the diagnosis of different varieties of spina bifida is often impossible, and it cannot be affirmed with certainty in many cases that we have to deal with a veritable meningocele.

FRENCH CONGRESS OF INTERNAL MEDICINE.

Pathogenesis of Intra-Vascular Sanguineous Coagulations.—M. Mayet: In pathological conditions the great cause of intra-vascular coagulations is the alteration of the walls of the vessels by microbes. In a certain number of cases the histo-chemical alteration of the blood (the

increase of its coagulability) plays a preponderating part. The local conditions of stasis also have their importance, and explain the formation of thromboses in the lower limbs, in which the veins are not supported by the aponeurotic layers, as in the neck. Vascular thromboses may be designated as follows: 1. Coagulations caused by vascular alterations of the veins from external causes, viz., wounds, contusions, mechanical compression, or by tumors. 2. Coagulations caused primarily by vascular alterations produced by some internal local pathological process without alteration of the sanguineous crassamentum, viz., varices, aneurism, atheroma, non-infectious phlebitis. 3. Coagulations due to hypoglobulin, to modifications of the blood which accompany it, and which act by interfering with the nutrition of the vascular walls without any infectious influence, such as chlorosis. 4. Coagulations, in which primitive alteration of the blood plays the principal role, aided by some local conditions of imperfect circulation. 5. Infectious coagulation, phlegmasia, puerperal fever, etc. According to M. Vasquez, among the causes of coagulation in the vessels may be enumerated: (a) The role of mechanical conditions; (b) that of blood alterations; (c) that of alterations of the vascular parietes. The complete arrest of the blood does not produce intra-vascular coagulation so long as this general mechanical condition acts alone, or even operates in septic surroundings. Coagulation of the blood in the vessels is produced the more easily the slower the sanguineous current. If the vessel be previously altered by some impeding or infectious cause, we observe the leucocytes and sanguineous plates attach themselves to the coats that are thus altered and a thrombus appears at this point. The blood does not possess in all similar kinds a similar degree of coagulability, and this degree may vary in subjects of the same species. Every alteration of the internal membrane of vessels is not *ipso facto* followed by the formation of a fibrinous thrombus. Coagulation resulting from such conditions is due to the vascular lesion, and there is persistent coagulation only when there is persistent alteration of the vascular parietes. As respects the anatomical evolution of coagulations, one fact is admitted by all authors, and it is the special power possessed by the elementary granulations (the hematoblasts of Hayem) to coagulate the fibrine. These impress this power upon the nucleo-protoplasmic substances derived from the white globules of the blood. These granulations accumulate upon the altered vascular parietes, and in this way their chemical action of fermentation exercises itself by precipitating the fibrine of the blood.

Chloroformic Syncope: Section of the Internal Jugular Vein: Cure.—Drs. Waterhouse and Gibbs report the following interesting case:

A young man, aged seventeen, presented himself for removal of large tuberculous glands of the neck. The patient's heart and lungs were in a perfect condition of health; chloroform was the anæsthetic selected, as the region to be operated upon was near the face, and there were vegetations in the pharynx. The operation proceeded well for the first forty minutes. In order to remove the deep-seated glands, it was necessary to expose the carotid artery and the internal jugular vein, and to divide a collateral vein from this trunk. At the moment when the diseased glands were removed, the respiration and pulse having been excellent, the patient was seized with violent efforts of vomiting. Skinner's mask was recharged with chloroform and reapplied to the face for thirty seconds, when suddenly the patient became deadly pale, with lips cyanosed, pupils dilated to their maximum, pulse ceased, then respiration after three slight respiring efforts. The mouth was immediately opened, tongue drawn out, head depressed, and artificial respiration vigorously practiced, and every means used to relieve the distended right side of the heart.

For three minutes there was no cardiac response, and the patient was considered to be dead. The internal jugular vein was then opened, and the thorax compressed from below upward, and on the left to relieve the distension of the right heart. A copious flow of black blood followed the opening of the jugular artificial respiration was

renewed, and after two or three feeble efforts at voluntary respiration the heart responded, consciousness returned, and life was saved. The process so happily employed in this desperate case opens a new method to be used in such extreme instances of impending death. The opening of a large vein near the heart, by relieving its congestion, must exercise an energetic action and restore its contractions.

The Cause of Death in Explosions in Mines.—The report made by Dr. John Haldane, Professor of Physiology of the University of Oxford, upon the causes of death of miners in explosions, and given by request of the English Secretary of State, contains many valuable suggestions.

He also proves that the new methods of ventilation of the galleries have caused the disappearance of phthisis, which has been so common heretofore, from among the miners. When the ventilation is too rapid, the air in contact with the subterranean currents becomes overheated, and carries along with it carbon, very dry and in the form of very fine dust, which ignites very readily and explodes like powder, and by the explosions the oxide of carbon is evolved in large quantities. Thus does Dr. Haldane prove that the majority of deaths of miners is produced, not by shock nor burning, but by poisoning by the oxides of carbon, as can readily be recognized by an examination of the blood. Hence he recommends that mice in cages shall be placed in the galleries, because they are very sensitive to this poison, and would serve to warn the miners of the presence of the dangerous gas, and thus enable them to escape in time. On the other hand, since it is the oxide of carbon which is destructive to life in explosions, and not the shock itself, and life may be restored a long time after the loss of consciousness, fresh air should be admitted into the galleries, or fresh oxygen, as speedily as possible.

Of the Position of the Body After Delivery.—Dr. Jelps affirms that the rest in bed for ten days after delivery is not always advisable; indeed, is often harmful, because the horizontal position favors retro-displacements, especially after rupture of the perineum. Parvin and Goodsall, if the patient be strong, recommend that the stools should be passed in the sitting position, and after three or four days she should recline upon a sofa, warmly clad. The vertical position facilitates drainage, and if the patient should not walk nor make any exertion there will be no fear of uterine displacements. Of course, this treatment naturally presupposes that the delivery has been normal, and exempt from complications.

A Psychic Deaf-Mute.—A boy of six years, a deaf-mute, presented himself at the clinic of Prof. Gruber, St. Petersburg. His parents, brothers and sisters were all deaf-mutes. After a critical examination, it was decided that the child was not a deaf-mute at all, that it was only a habit maintained by the influence of his surroundings. Living constantly among deaf-mutes, he had no opportunity to develop sufficiently either speech or hearing. When separated from his family, and placed in a normal condition, he began at the end of two months to speak imperfectly. Prof. Gruber called this a case of psychic mutism.

Tamponing the Uterine Cervix for Uncontrollable Vomiting of Pregnancy.—The case was that of a woman who had uncontrollable vomiting during her first pregnancy. The same returned at her second pregnancy. Abortion was decided upon, and as the cervix was hard and contracted, a tampon of iodoform gauze was introduced into it. It sufficed to suspend the vomiting, and two other attacks during her pregnancy were arrested by the same means. The vomiting may be attributed to the hardness and narrowness of the uterine neck, a probable point of departure for reflex irritation which excited the irritability of the stomach.

THIRD FRENCH CONGRESS OF MEDICINE.

MM. Bouchard and Mayet, Presidents.

The Congress of Medicine of Nancy began its work on Tuesday, August 6th, in the great amphitheatre of the Anatomical Institute. President Bouchard called upon M. Roger, who read a report upon the applications of sanguineous serum in the treatment of diseases. M.

Roger, History: Serotherapy, like all other scientific methods, had its advocates in the past, who contributed really nothing to those who made its veritable discovery: Maurice Raynaud, and afterwards Chauveau, made experiments upon the influence of the serum of vaccinated animals upon the evolution of vaccine. In 1884 Rondeau treated sheep that were inoculated with charbon by injections of the blood of the dog. But the real inauguration of the sero-therapeutic method dates from the experiments of MM. Richet and Hericourt in 1888. These experimenters discovered that the blood of the dog cured of an inoculation of a microbe—*staphylococcus pyosepticus*—could save other animals infected by the same microbe. Babe and Lapp made analogous observations in hydrophobia. Bouchard established that the serum replaced the blood in inoculations of this kind, 1890. These experiments were guided by previous works of Grohman and Fodor, who in 1884 and 1887 had proved the bactericidal properties of defibrinated blood. Flüge, Nüttal and Nissen renewed these researches, and Behring and Büchner—1888-89—applied them to serum. Metchnikoff, Gamaleia and Nüttal proved that previous vaccinations developed the bactericidal properties of the serum. A new grand discovery of Berhring and Kitasato demonstrated that the serum of inoculated animals had not only bactericidal properties, but that it destroyed the toxine of microbes. This grand discovery applied to diphtheria and tetanus, had not had sufficient practical applications, and the therapeutic results were conflicting, when the work of Roux and Martin put the action of serum beyond a doubt, followed by the statistics of Chaillon in its application to the diseases of children. The enthusiasm of this discovery was unheeded, and serotherapy gave place to other hasty and incomplete ideas. Discord succeeded, which assisted in bringing matters to a point, and which will enable us to use with every possible benefit the new therapeutic method, which in taking a prominent place, does not nevertheless supplant other processes.

General Principles of Serotherapy.—Serotherapy rests upon the action of products developed in the blood under the influence of bacterial toxins. The inoculation of these toxins confers immunity, but the toxins eliminate themselves in a few days, and their direct employment is dangerous. For this reason it is, that now the inoculation of toxine or bacteriotherapy has given place to serotherapy, bacteriotherapy gives place to a *passive immunity*. The organism being impregnated by the poison, serotherapy creates an active immunity which relieves it.

Different Applications of Serotherapy.—Serotherapy is utilized in diseases whose pathogenic microbe is known, in infections in which it is not known, in special diseases of animals, with microbes known or unknown, and in different forms of poisoning. J. A. C.

TRANSLATIONS, GLEANINGS, Etc.

RETROSPECTIVE THERAPEUTICS.

By Alfred K. Hills, M.D., Fellow of the Academy of Medicine, New York.

Hamamelis for Burns.—Dr. H. H. Chase, in *British Journal*, tells of a satisfactory experience with the fluid extract of witch hazel in the raw surfaces left by burns. He applied pledgets of cotton dipped in the extract. He says there appeared to be sufficient astringency to do away with the fungosities, and some portion of the hamamelis dried into the ulcer. Normal granulations immediately formed underneath, and as these became firm and substantial the hamamelis came off, leaving a good, firm, new skin, which rapidly grew in area and thickness. The entire dorsum of a hand that was burned was completely covered in the course of ten days.

Kerosene in Surgery.—A. Shirman (*N. Y. Med. Jour.*, XLII., p. 720) has observed that in treating wounds and

ulcers of the trunk and of the limbs, among the poorer classes, by the usual antiseptic methods, recovery usually progresses very slowly on account of the fact that time and circumstances do not allow the patient to apply these preparations as often as necessary.

For this reason the author determined to try some other substance as an antiseptic, and it occurred to him to experiment with kerosene in these cases.

For this purpose, in cases of ulcers, especially atonic and indolent ones, he smeared them with commercial kerosene, either pure or diluted with from 33 to 50 per cent. of alcohol, by means of a small camel's hair brush or a piece of gauze soaked in the solution. Shortly after the application a burning sensation was felt, but it soon passed away.

The appearance and character of the ulcers showed a change for the better. The discharge gradually diminished, and in the course of from two to four weeks the rapidly granulating surface formed a scar without any contraction of the surrounding parts.

The advantages of the use of kerosene for such cases, Dr. S. summarizes as follows: It produces healing in a comparatively brief space of time; it is much more economical and is easily obtained; it does not produce constitutional poisoning through the wound by absorption, as other antiseptics sometimes do; it has not the intolerable smell of some of the others which are now in use; and the formation of a cicatrix on the ulcers proceeds rapidly. The author has never found the wound to be complicated with any erysipelatous process. Kerosene, having a local irritating action on the wound, undoubtedly possesses also disinfecting properties for the remote surface as well as for the adjacent surface around the wound. This is of great value, for actual facts show that persons residing in the kerosene oil districts are protected against ailments of an epidemic character—such as cholera, etc.

Menthol-Chloroform for Colds.—Wunsche, in *Therapeutische Monatshefte* (Med. Age) says that menthol, dissolved in chloroform, is the most efficacious of all remedies. A solution of one or two parts of menthol in twenty parts of chloroform will not only arrest the progress of a cold in its initial stage, but is also an excellent influenza prophylactic. From four to six drops of the solution should be placed in the hollow of the hand, quickly rubbed between the hands, the two hands tightly pressed together placed before the face, and the remedy energetically inhaled alternately through the nose and the mouth. It will be immediately noticed that the volatile parts of the solution thoroughly impregnate the mucous membranes of the nose, mouth and throat, and even penetrate deep down into the air passages. During the first two or three inhalations the sweetish chloroform vapor predominates. Afterward, however, only menthol in attenuated condition is inhaled, odor and feeling remaining apparent for some time after the inhalation. As a rule, the first inhalation suffices to cure the severest tendency to sneezing, and often to arrest the progress of the cold altogether. Two further applications of the remedy in the course of the day suffice to suppress the attack completely. The first inhalation at first slightly increases the flow from the mucous membrane of the nose; afterward, however, this symptom diminishes quickly. Pains in the pharynx and larynx may be quickly eased and often entirely relieved by the remedy.

Sugar or Honey in the Treatment of Scorpion Stings.—Dr. E. Lerede Chalke says in the *Indian Medical Record* (*Drugg. Circ.*) that he has had hundreds of cases of scorpion stings to deal with, and has tried various remedies to relieve the stinging pain and burning sensation which invariably are the chief symptoms for which relief is sought, and he finds that the application of honey to the affected parts acts the best, producing almost instant relief. The stinging and burning sensations vary in degree according to the species of the scorpion which causes the sting. He recalls the case of a delicate middle-aged woman who was suffering from heart disease, and was stung by one of the black kind, a huge monster with formidable claws and a big sting. The woman was carried

to his bungalow in great agony, cold and clammy, and begged him to relieve her of the intense pain, which she said she could bear no longer. There was a large gathering in his place at the time, including two of the profession. He immediately brought the honey, which he applied gently but freely over the affected part. The relief was almost instantaneous, to the astonishment of the patient and the spectators, particularly the physicians. This, he says, was one of several cases he has treated with honey, and he has always found it a very reliable and prompt medicament. If honey is not procurable at the time, a strong solution of sugar in water will be found a very effective and equally good substitute. He has also tried over-ripe plantains squeezed and applied as a poultice over the affected part, and found them to give speedy relief.

Scullcap in the Treatment of Nervous Affections.—Under the title of "A Country Doctor," a contributor to the *Journal of Medicine and Science*, Vol. II., No. 1 (*N. Y. State Med. Reporter*), recommends the use of scullcap (*scutellaria laterifolia*) in the treatment of nervous diseases, particularly those of women. The author claims that it is a true nervine, somewhat anti-spasmodic, partly analogous to valerian in its action, yet differing in many respects.

Scullcap is a nervous sedative pure and simple—a wet cloth upon a fiery brain—and in many instances it is morphine, sulphonal, bromide and chloral all in one. It creates no habit, and is apparently harmless. It is of little use to relieve severe pain. In the treatment of delirium tremens scullcap is invaluable, and has the remarkable effect of *calming fear*. When brain disease exists or is to be feared, or in insanity, the author sometimes gives it with cannabis indica.

When possible to obtain it, the author uses the fresh herb, gathering it in the woods and meadows, from which he makes a decoction, giving from one-half to a drachm in very hot water an hour or two before bed time, and repeating once or twice, with an hour interval, if necessary. In chronic cases it may be given frequently during the day. When the herb cannot be obtained the author uses green fluid extract only.

Influence of Carbonic Acid on the Sexual Organs.—At a recent meeting of the German Society of Balneology, (*Gaz. Hebdom. De Med. et De Chir.*, April 16, 1896), Dr. Schuster remarked that irritation of the skin produced by bathing in water containing carbonic acid was manifested by a sensation of heat and prickling, with redness, especially pronounced in the region of the genitals. This irritation, he said, was propagated centripetally, and gave rise to modifications in the nervous and vascular systems. As the sexual centers were not very deeply situated, the excitation readily reached both to the medullary center (that of erection and ejaculation), and to the cerebellar center (that of imagination). The medicinal use of carbonic acid was indicated, therefore, in all cases of sexual debility not dependent on some organic disease, such as tabes, nephritis, or diabetes; it was directly contraindicated in spermatorrhœa and in the grave forms of paralytic impotence, but it might be of great service in precocious senile impotence. The use of carbonic acid in the form of baths, douches, etc., was indicated also in the anaphrodisia of women. It was of substantial benefit, too, in utero-ovarian neuralgia, in dysmenorrhœa and in amenorrhœa.

Gossypium Herbaceum as an Hemostatic.—Poteenko (*Vratsch*) recommends the fluid extract of gossypium herbaceum as an excellent hemostatic. Dr. Narkevitch uses this remedy for uterine hemorrhages. It is employed internally, 20 or 30 minims three or four times a day during four or more days, and not over ten days. Its action takes place after the first or second administration, and there is where the usual hemostatic remedies are not successful. He used it since 1890, in fifty-nine cases, among which were thirty cases of disease of the female organs, twenty-one cases of hemoptysis, six cases of epistaxis, and a case each of rectal hemorrhage and blood vomiting. In all these there was no trouble with the digestion, but, on the contrary, an improvement of the appetite, and hence he concludes that it is a safe remedy. During the

pregnancy it has a very good influence, and it is not necessary to give more than thirty drops at once.

Hot Baths in Chlorosis.—An authority upon the subject (as quoted in the *Am. Jour. of Surg. and Gynec.*) says: The primary affection in chlorosis is not the deficiency of iron or red corpuscles, but contraction of the blood vessels, which is followed by the morbid condition of the skin; he was led to employ hot baths and gentle friction of the skin to increase its vitality and nutrition. His success was marked. Hot baths diminish the plethora by relaxing the tension of the vascular system, which is high, quickening the circulation, and thus relieving the palpitation, dyspnoea and other symptoms.

Hydrochlorate of Phenocoll for Pertussis.—Martinez Vurgas (*Med. Mod.*, 1896) obtained the best results in pertussis with phenocoll hydrochlorate. He gave it in solution (strength not stated) to forty-two cases, the daily dose being one to two grammes (gr. xv-xxx). In about twelve hours a diminution of the number of coughing fits and a lessening of their intensity were noticed. If the administration is not interrupted the amelioration continues. The drug is well supported by the patients, and succeeds even in cases complicated with pleuro-pneumonia.

Mullein Oil for Enuresis.—Dr. O. S. Laws states, in the *Cal. Med. Journal*: That for enuresis he has found mullein oil, so far, a specific. He places it at the head of the list for that condition, both as to certainty and pleasantness. One of his cases was that of a boy aged sixteen, who from childhood had been troubled with enuresis which nothing would cure until he received fifteen drops of mullein oil three times a day, which soon permanently removed the complaint.

Senecio Aureus in Ascites.—Dr. C. M. Foss, of Dexter, Me., reports in *Trans. Hom. Med. Soc.*, 1895, that Della L., eighteen, had no menses for fifteen months; chlorotic; dry, hacking cough, quick pulse, increasing on excitement to 120 and over; headache, poor sleep, constipation, abdomen gradually enlarging for the past year; can sit up about one-half the time. After attending her for six months he called counsel, who decided that drawing off the fluid was the only chance. She was now as large as a woman at full term. He gave senecio aureus, ix dil., with rapid improvement of all the symptoms. She had no other remedy until cured. It has been over fifteen years and she remains well. The menses returned within a short time.

Hot Compresses for Ulcers.—*Nouveaux Remèdes* quotes a Russian periodical in which Yakovlev announces his successful treatment of antonic ulcers with moist hot compresses during the last three years. They will, according to Yakovlev, cure where all other kinds of treatment have been ineffectual. He ascribes their success to their favoring local hyperæmia, thus improving nutrition, while being moist they do not adhere or irritate.

Sodium Chloride in the Nasal Cavity.—Dr. Capp recommends the insufflation, through an ordinary insufflator or other appropriate tube, of from 2 to 4 grains of pulverized table salt, as a measure tending to give immediate relief in facial pain or headaches arising from trifacial irritation from decayed teeth, eye strain, or other causes, such as ear affections, hysteria, or uterine reflexes. The measure was first applied, according to the author, by Leslie, and published in the *Edinburgh Medical Journal*, January, 1890. The latter had successfully employed it in the treatment of obstinate and long standing cases, as well as in acute neuralgia, headache, faceache, earache, toothache, and bronchial asthma. The application causes about the same temporary discomfort as would a pinch of snuff, but is not followed by bad results, and is usually successful.

RETROSPECTIVE DIETETICS.

Diet in Nervous and Mental Disease.—Dr. Frederick Peterson, in a paper on some of the newer methods of treatment in nervous and mental disease (*Am. Med. Surg. Bull.*, June 6, 1896), remarks as follows: It is needless to say that in connection with a form of rest treatment, simplicity should be the rule as regards food. The selec-

tion should be made from the point of view of easy digestibility, and foremost in this regard stands milk in its various preparations. Where milk cannot be taken in its ordinary form, some more digestible preparation may be employed, such as peptonized milk, kumys, matzoon, or somal. In cases undergoing a rest treatment this is the main staple of food, and it should be given frequently and in considerable quantity. Overfeeding is indeed another principle in the treatment of any of the nervous and mental diseases in which exhaustion is a feature. Thus, absolute rest and overfeeding must be our chief reliance in acute mania, in severe types of melancholia, neurasthenia, hysteria, chorea, and the like. Many cases require feeding every hour or two hours. Raw or soft boiled eggs, rare or raw beef, specially prepared cereals, and sometimes green vegetables and fruits may be added to the diet. By specially prepared cereals I mean simple boiled rice, stale bread in the form of toast, or better, bread which has been twice baked (swieback). Stimulants are only occasionally needed, and then especially in acute maniacal or other dangerously exhausting conditions.

A somewhat similar form of diet is appropriate for neuralgia and mental disturbances having a rheumatic or gouty diathesis as a basis. The same diet is essential in all cases of insanity, neurasthenia, epilepsy, and so on, which seem to depend upon auto-intoxication from fermentative or putrefactive changes in the intestinal contents, and such cases we find nowadays to be not at all infrequent.

Milk in the Treatment of Bright's Disease.—The *Charlotte Medical Journal* (Am. Med. Rev.) credits Dr. Sappellier as saying: Milk is both the food and the remedy *par excellence* for Bright's disease. During the acute or sub-acute stage of the disease it should be used exclusive of all other articles of diet. During the entire course of the disease milk should constitute the chief liquid food. We need not here recall the fact that milk is a complete food, neither need attention be called to its chemical composition. It is only necessary to remark that three litres of milk are sufficient to nourish a man completely, even when engaged in light work. * * * In the majority of cases we may prescribe, at the beginning of treatment, two litres of milk, adding an additional litre when the patient feels in need of it.

Milk may be taken boiled or unboiled, hot or cold, according to the convenience and taste of the patient. Raw milk is generally better digested than boiled milk. Milk should be taken regularly every two hours, in the proportion of six to ten ounces or more, according as the total quantity in twenty-four hours is to be two or three litres.

The dose of milk should be taken slowly, in small swallows, so that the clots formed in the stomach may be as small as possible. For cow's milk, which is generally employed, we may, as required in individual cases, substitute, in whole or in part, the milk of the goat or the ass, also kephir or kumiss. If the taste of milk is very repugnant to the patient, it may be flavored with orange water or some other agreeable flavor. It is unnecessary to employ for this purpose brandy or other alcoholic liquors.

All the efforts of the physician should be directed to making the patient and his friends understand that milk is the essential basis of the treatment. Without milk there is no prospect of health, and, as we have been obliged to say, sometimes it is "milk or death."

Cooking and Dietetics.—Dr. E. B. Borland, in an address before the nurses of the West Penn. Hospital Training School (*Dietetic and Hygienic Gazette*, June, 1896), recapitulates as follows:

First: The cooking of starch. Remember that it takes a temperature between 300° and 400° to convert starch into dextrin. Boiling does not accomplish the cooking of starch. Second: Never buy cooked or prepared food. This invades the province of the cook. You are never able to judge of the freshness of prepared food. I consider it one of the greatest mistakes of the present age to allow food to be brought to the table which may have been prepared a thousand miles away, and perhaps anywhere from three months to fifteen years before it is placed on the table, and when it reaches it may be a mass of germ

life, and as dangerous to eat as many of the drugs which we call poisons. Food can be best prepared in the kitchen by the cook immediately before its consumption.

In cooking meats, they should be exposed to the highest temperature at the very start. If you are preparing a roast, sear it over on the skillet before placing it in the oven, thus making a coating to keep in the juices. Then a low temperature of 180° to 200° Fahr. until tender.

The test for the digestibility of the common articles of food: Articles which are digestible become soaked with water within a minute after immersion, and any article, except meats, which will not readily soak up the water may be considered as not easily digestible. Among these articles may be mentioned the gelatine preparations, pickles, fried foods, dumplings, as they are ordinarily prepared, short pie crusts and noodles. If these, or other similar articles, cannot become soaked with water in a short time, how can we expect them to become soaked with the digestive juices in the stomach of a sick person? It is important that we give the sick food that can be promptly penetrated by the digestive fluids.

In conclusion, I wish to say that cooking is an accomplishment. It is noble, because it is useful. Good cooking causes more happiness and poor cooking more unhappiness than perhaps any subject we could discuss here this evening. If training in these particulars were more rigid before marriage there would be less domestic infelicity after marriage. The women of the world who have achieved success are women who have been taught to cook while yet in their teens, and to cook well.

The woman in her home, under ordinary circumstances, who places food before her guests which was entirely prepared or cooked outside of her kitchen, shows those guests a positive discourtesy. They leave her table with the impression that she is either grossly ignorant of the essential of every woman's education or too indolent to put her knowledge into practice.

A woman should not take upon herself the duties of a wife until she is at least able to personally oversee the preparation of the food of her family. I might go still further and say that the civilization and progress of a nation depend primarily on two factors—the purity of its religion and the proper preparation of its food. Verily, the hand that prepares the nation's food is the hand that moves the world.

Bacteriology of Butter.—The farmers of Denmark have taken advantage of the developments of modern bacteriology in the manufacture of butter, says *Modern Medicine*. The Danish bacteriologists having determined the particular microbes by which the various flavors are developed in butter, the farmer is now able, by sterilizing his milk, and then planting that particular species of microbe by which the desired flavor is produced, to furnish a uniform quality of butter of any desired flavor. The dairymen of Denmark have by this means succeeded in obtaining almost complete control of the English market.

OBITUARY.

THE HON. WILLIAM L. BOSTWICK, one of the Senior Regents of the New York State University, died at his residence in Ithaca, September 22d, of paralysis, at the age of fifty-nine years. Mr. Bostwick was stricken with the disease which terminated his life while cashier of the New York Custom House, to which office he was appointed by Collector Erhardt during Harrison's administration, and was continued in his position during Cleveland's administration, until compelled to resign on account of ill health. No one now living has left a stronger, more enduring impress for good upon the educational interests of the State than Regent Bostwick. A thoroughly trained scholar, a clear thinker, of an eminently logical and practical mind, as State Senator, as Regent and as private citizen, his influence and his great personal magnetism were always on the side of justice and progress. No man can rear a nobler, prouder monument than he rears for himself in an earnest, unselfish life. The good he has accomplished lives after him and gives fragrance to his memory.

MISCELLANY.

—Sir John Millais, President of the Royal Academy, died of epitheloma of the larynx.

—Repeated small rectal injections, it is said, will relieve the intense thirst following abdominal operations.

—Nitrate of silver stains can be removed from the skin by painting with iodine, and after a time applying ammonia.

—London now has a periodical with the title *Archives of Skiagraphy*, devoted to the uses of the Roentgen rays in medicine.

—Cohn says a single germ could, under good conditions, multiply in three days to 4,772 billions, and make a mass weighing 7,500 tons.

—The English vaccination report was seven years in preparation, and recommends the abrogation of the law making vaccination obligatory.

—A Swiss scientist has been testing the presence of bacteria in the mountain air, and finds that not a single microbe exists above an altitude of 2,000 feet.

—A prize of \$20 is hereafter to be offered semi-annually to the surgical interne of the Boston City Hospital who administers ether in the most skillful and humane manner.

—A pocket telephone for policemen has recently been introduced. There is a combined mouth and ear piece, with about a foot of wire, which can be attached to any fire alarm.

—No one expedient will add more to the comfort of your patients suffering from rheumatism than the application of cold to the affected part. Don't be afraid to use it early and well.

—A hospital car has been placed on the Plant railroad system under the direction of its chief surgeon. Whenever there is an accident on the road this car is immediately dispatched.

—*Corné*. Cover the corn night and morning with colodion to half an ounce of which has been incorporated salicylic acid, gr. xxx., can iod. gr. x. The corn will come away in a few days.

—Dr. V. C. Vaughan, Dean of the Medical Department of the University of Michigan, has declined to leave that institution upon a flattering offer made by a New York college, said to be Bellevue.

—The preventive value of pure water is shown by the fact that London, with its more than 4,000,000 inhabitants, has a less number of deaths from typhoid fever than Philadelphia, with its 1,000,000.

—Half a wineglassful of sea water, taken as soon as the motion of the ship becomes unpleasant, is said to actually prevent sea-sickness in persons who are most susceptible under ordinary conditions to its influence.

—A certain nervous condition, said to result from excessive use of the bicycle, has been termed the "vibratory habit." Sir Benjamin Ward Richardson has presented the subject before the Medical Society of London.

—In cases of ingrowing toe-nail an attempt should first be made to save the nail. Remove all of the redundant hypertrophied and granular tissues of the skin, apply nitrate of silver freely to the exposed surface, and leave the nail alone.

—According to the *Medical Record*, several of the accident insurance companies have recently raised the premium rate for physicians, upon the ground that they do not belong to the preferred class, being really extra hazardous risks.

—Medical women are now admitted to practice in Austria under conditions requiring not only a high professional education, but also a blameless moral conduct. Their services are in demand for the care of Mohammed-

dan women, who have heretofore been without medical attention.

—Prof. Ramsay has made public a very unlooked-for result, apparently due to the Roentgen rays. A friend of his who had freely exhibited the bones of one of his hands by exposure to the rays subsequently "shed" all the finger nails of that hand.

—The Library of the Surgeon-General's office at Washington, D. C., now contains 116,847 volumes and 191,598 pamphlets, and is believed to be the most complete medical library in the world. From 1867 to 1895 Congress has authorized an expenditure that averages \$7,000 per annum for its maintenance.

—Dr. George M. Kellogg argues that infants should be trained from birth to use either hand, as right-handedness is not natural but entirely acquired. This use of both hands, he believes, will result in added brain development. One-sidedness of the brain or of the body is not natural. He thinks this reform would do away with much brain disease.

—According to the *Medical Press*, at the trial of an action for damages at Nancy, in France, the surgeon who had charge of the injured plaintiff was accused of having caused the damage by mistaking a dislocation for a fracture. The accusation was sustained by producing in court a Roentgen photograph, which showed clearly the bones in the dislocated position without any fracture.

—When, as in an amputation at or near the ankle joint, a rubber tourniquet is applied to the thigh, Wyeth advises that care should be taken to use a wide rubber band, and not a rubber tube, since the accumulative pressure of the rubber tubing is sometimes great enough to injure the nerve. In high amputations, near the shoulder or hip, this objection does not prevail, since pressure on a nerve is immaterial at that point.

—According to *Popular Science News*, Prof. Hallock announces the discovery of a method of photographing the human voice or making intelligent pictures of musical sounds by means of the camera. Such perfect results are obtained that the voice of a tenor or soprano can be judged, he claims, with absolute accuracy as to its quality and range without hearing it, merely by inspecting a series of photographs.

—Edwin Lord Weeks in "From the Black Sea Through Persia and India," states: "Whenever a medical officer reported the condition of his men just returned from active service in Burman or elsewhere, it appeared that the best soldiers, morally and physically, those who were always exempt from such maladies as dysentery, fever, cholera and rheumatism, were the opium eaters. They were able to go longer without food or stimulants and to do more work."

—In the report of 1895 of the new hospital for women in London is incorporated the following personal: "It may interest our supporters to learn that Miss Ellaby, M.D., Ophthalmic Surgeon to the hospital, was requested to go to India last October to operate on the Maharanee of Jamnagar for cataract. The patient was seventy years of age, and for five years had perception of light only. Both eyes were operated upon, with a month's interval between the two operations. The recovery in both cases was without complication of any kind, and the sight of both eyes was completely restored."

—One of the first successful operations for pulmonary abscess was the following: An officer in the army of Gen. Rolfe was apparently dying from an abscess on the lungs, and was in consequence absent on sick leave, when a battle was expected. He heard of it and at once rejoined his regiment, saying in reply to remonstrances that as he had been given over to die he preferred doing his duty, and if he was killed in the service of his country a few days would not matter. The battle came off and he was wounded in the breast. But the ball pierced the abscess and made an opening for the discharge of the contents, whereupon he recovered and lived to be over eighty.